

BUTTE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----		
13,709 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	11,128	208,523	\$ 5,389,050.28	\$ 25.84	15.211	\$ 484.28	\$ 393.10		
@PHYSICIANS SERVICES	2,168	8,787	\$ 102,003.86	\$ 11.61	.641	\$ 47.05	\$ 7.44		
OUTPATIENT VISITS	31	45	1,432.08	31.82	.003	46.20	.10		
OFFICE VISITS	30	44	1,324.00	30.09	.003	44.13	.10		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	1	1	108.08	108.08	.000	108.08	.01		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	7	15	683.33	45.56	.001	97.62	.05		
HOSPITAL VISITS	5	11	573.33	52.12	.001	114.67	.04		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	2	4	110.00	27.50	.000	55.00	.01		
OPHTHALMOLOGICAL SERVICES	5	5	155.34	31.07	.000	31.07	.01		
EXAMINATIONS	5	5	155.34	31.07	.000	31.07	.01		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	2	15	129.07	8.60	.001	64.54	.01		
PRINCIPAL SURGEON	1	1	42.07	42.07	.000	42.07	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	1	14	87.00	6.21	.001	87.00	.01		
OUTPATIENT SURGERY	12	93	4,971.85	53.46	.007	414.32	.36		
PRINCIPAL SURGEON	10	19	3,957.67	208.30	.001	395.77	.29		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	5	74	1,014.18	13.71	.005	202.84	.07		
DIALYSIS	8	8	1,800.32	225.04	.001	225.04	.13		
PATHOLOGY	5	7	23.87	3.41	.001	4.77	.00		
RADIOLOGY	25	39	1,880.55	48.22	.003	75.22	.14		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	3	4	35.38	8.85	.000	11.79	.00		
OTHER SERVICES/ALL X-OVERS	2,107	8,556	90,892.07	10.62	.624	43.14	6.63		
@PHARMACY	9,481	124,077	\$ 3,027,628.37	\$ 24.40	9.051	\$ 319.34	\$ 220.85		
PRESCRIPTION DRUGS	9,306	38,917	2,930,239.93	75.29	2.839	314.88	213.75		
SNF/ICF	158	1,196	95,117.55	79.53	.087	602.01	6.94		
OUTPATIENTS	9,167	37,721	2,835,122.38	75.16	2.752	309.27	206.81		
MEDICAL SUPPLIES	1,208	85,160	97,388.44	1.14	6.212	80.62	7.10		
@DENTIST	331	1,171	\$ 59,265.60	\$ 50.61	.085	\$ 179.05	\$ 4.32		
VISITS - DIAGNOSTIC	207	720	8,839.00	12.28	.053	42.70	.64		
ORAL SURGERY	53	141	7,436.00	52.74	.010	140.30	.54		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	0	0	.00	.00	.000	.00	.00		
PERIODONTICS	17	18	1,754.00	97.44	.001	103.18	.13		
ENDODONTICS	15	16	3,520.00	220.00	.001	234.67	.26		
RESTORATIVE DENTISTRY	86	164	11,521.60	70.25	.012	133.97	.84		
PROSTHETICS	3	3	140.00	46.67	.000	46.67	.01		
DENTURES, STAYPLATES	69	118	26,055.00	220.81	.009	377.61	1.90		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	4	9CR	.00	.00	.001CR	.00	.00		

BUTTE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT AGED				AID CODE 10		----- MONTHLY AVERAGE -----		
13,709 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	313	777	\$	14,279.13	\$ 18.38	.057	\$ 45.62	\$ 1.04	
DIAGNOSTIC AND ANC. PROCED	24	25		946.39	37.86	.002	39.43	.07	
EYE APPLIANCES	237	631		10,837.02	17.17	.046	45.73	.79	
OTHER OPTOMETRIC SERVICES	86	121		2,495.72	20.63	.009	29.02	.18	
@CHIROPRACTOR	9	11	\$	98.97	\$ 9.00	.001	\$ 11.00	\$.01	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	9	11		98.97	9.00	.001	11.00	.01	
@PODIATRIST	221	280	\$	2,537.43	\$ 9.06	.020	\$ 11.48	\$.19	
MEDICINE/INJECTIONS	1	2		45.40	22.70	.000	45.40	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	220	278		2,492.03	8.96	.020	11.33	.18	
@HOME HEALTH AGENCY	3	17	\$	1,140.62	\$ 67.10	.001	\$ 380.21	\$.08	
NURSE ANESTHESIST	3	30	\$	201.49	\$ 6.72	.002	\$ 67.16	\$.01	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	5	11	\$	230.83	\$ 20.98	.001	\$ 46.17	\$.02	
@TOTAL HOSPITAL	1,806	6,619	\$	838,891.94	\$ 126.74	.483	\$ 464.50	\$ 61.19	
HOSP INPATIENT TOTAL	257	413		717,965.81	1738.42	.030	2793.64	52.37	
HSC HOSPITALS	3	20		20,961.49	1048.07	.001	6987.16	1.53	
NON-HSC HOSPITAL TOTAL	55	393		528,961.54	1345.96	.029	9617.48	38.58	
ACCOMMODATIONS	55	393		195,419.26	497.25	.029	3553.08	14.25	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	55	393		195,419.26	497.25	.029	3553.08	14.25	
ANCILLARIES	55	0		333,542.28	.00	.000	6064.41	24.33	
INPATIENT CROSSOVERS	199	0		168,042.78	.00	.000	844.44	12.26	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	1,703	6,206		120,926.13	19.49	.453	71.01	8.82	
MEDICAL	22	49		2,596.69	52.99	.004	118.03	.19	
SURGERY	8	11		1,075.29	97.75	.001	134.41	.08	
PATHOLOGY	75	179		2,329.87	13.02	.013	31.06	.17	
RADIOLOGY	12	25		3,106.01	124.24	.002	258.83	.23	
ROOM USE	23	40		2,379.25	59.48	.003	103.45	.17	
CROSSOVERS/ALL OTH OUTPTNT	1,643	5,902		109,439.02	18.54	.431	66.61	7.98	
@COUNTY HOSPITAL TOTAL	5	21	\$	280.93	\$ 13.38	.002	\$ 56.19	\$.02	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	5	21		280.93	13.38	.002	56.19	.02	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	21	280.93	13.38	.002	56.19	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

13,709 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,802	6,598	\$ 838,611.01	\$ 127.10	.481	\$ 465.38	\$ 61.17
COMM HOSP INPATIENT TOTAL	257	413	717,965.81	1738.42	.030	2793.64	52.37
HSC HOSPITALS	3	20	20,961.49	1048.07	.001	6987.16	1.53
NON-HSC HOSPITALS TOTAL	55	393	528,961.54	1345.96	.029	9617.48	38.58
ACCOMMODATIONS	55	393	195,419.26	497.25	.029	3553.08	14.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	55	393	195,419.26	497.25	.029	3553.08	14.25
ANCILLARIES	55	0	333,542.28	.00	.000	6064.41	24.33
INPATIENT CROSSOVERS	199	0	168,042.78	.00	.000	844.44	12.26
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,699	6,185	120,645.20	19.51	.451	71.01	8.80
MEDICAL	22	49	2,596.69	52.99	.004	118.03	.19
SURGERY	8	11	1,075.29	97.75	.001	134.41	.08
PATHOLOGY	75	179	2,329.87	13.02	.013	31.06	.17
RADIOLOGY	12	25	3,106.01	124.24	.002	258.83	.23
ROOM USE	23	40	2,379.25	59.48	.003	103.45	.17
CROSSOVERS/ALL OTH OUTPTNT	1,639	5,881	109,158.09	18.56	.429	66.60	7.96
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	230	3,952	\$ 668,864.80	\$ 169.25	.288	\$ 2908.11	\$ 48.79
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	230	3,952	668,864.80	169.25	.288	2908.11	48.79
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	53	315	\$ 38,013.54	\$ 120.68	.023	\$ 717.24	\$ 2.77
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	53	315	38,013.54	120.68	.023	717.24	2.77
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	48	183	\$ 2,024.94	\$ 11.07	.013	\$ 42.19	\$.15
PATHOLOGY	39	166	1,885.22	11.36	.012	48.34	.14
XO AND OTHERS	9	17	139.72	8.22	.001	15.52	.01
@ORGANIZED OUTPATIENT CLINIC	1,763	3,061	\$ 137,283.02	\$ 44.85	.223	\$ 77.87	\$ 10.01
CLINIC	36	92	4,132.52	44.92	.007	114.79	.30
SURGICENTER	17	16	2,844.64	177.79	.001	167.33	.21
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,716	2,953	130,305.86	44.13	.215	75.94	9.51

13,709 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,232	59,232	\$ 496,585.74	\$ 8.38	4.321	\$ 222.48	\$ 36.22
DURABLE MED. EQUIP.	53	78	14,070.75	180.39	.006	265.49	1.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	211	350	29,493.70	84.27	.026	139.78	2.15
MEDICAL TRANSPORTATION	297	16,195	63,716.38	3.93	1.181	214.53	4.65
AMBULANCES/AIR TRANS	28	40	3,396.37	84.91	.003	121.30	.25
OTHER TRANS	257	15,969	59,489.27	3.73	1.165	231.48	4.34
OTHER SERVICES	33	186	830.74	4.47	.014	25.17	.06
ACUPUNCTURE	21	52	897.49	17.26	.004	42.74	.07
ADULT DAY HEALTH CARE CTR	167	2,188	152,303.68	69.61	.160	912.00	11.11
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	278	2,461	141,428.61	57.47	.180	508.74	10.32
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	284	648	7,666.40	11.83	.047	26.99	.56
PHYSICAL THERAPIST	1	6	7.62	1.27	.000	7.62	.00
PORTABLE X-RAY	3	3	2.34	.78	.000	.78	.00
PROSTHETIST/ORTHOTISTS	4	36	247.07	6.86	.003	61.77	.02
PROSTHETICS	4	36	247.07	6.86	.003	61.77	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	29	56	8,387.92	149.78	.004	289.24	.61
HOSPICE SERVICES	11	231	25,739.40	111.43	.017	2339.95	1.88
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,297	36,928	52,624.38	1.43	2.694	40.57	3.84
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4,393	35,895	\$ 664,132.82	\$ 18.50	2.618	\$ 151.18	\$ 48.45

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

2,631 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,139	118,833	\$ 2,171,752.17	\$ 18.28	45.166	\$ 1015.31	\$ 825.45
@PHYSICIANS SERVICES	583	2,920	\$ 56,376.68	\$ 19.31	1.110	\$ 96.70	\$ 21.43
OUTPATIENT VISITS	205	310	11,423.79	36.85	.118	55.73	4.34
OFFICE VISITS	165	247	7,897.07	31.97	.094	47.86	3.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	34	53	3,222.36	60.80	.020	94.78	1.22
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	10	10	304.36	30.44	.004	30.44	.12
INPATIENT VISITS	43	120	4,806.06	40.05	.046	111.77	1.83
HOSPITAL VISITS	24	92	4,015.96	43.65	.035	167.33	1.53
CRITICAL CARE	2	3	364.80	121.60	.001	182.40	.14

SNF/ICF/TRANS IP CARE	19	25		425.30		17.01	.010	22.38	.16
OPHTHALMOLOGICAL SERVICES	25	26		1,010.21		38.85	.010	40.41	.38
EXAMINATIONS	25	26		1,010.21		38.85	.010	40.41	.38
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	54		4,910.06		90.93	.021	613.76	1.87
PRINCIPAL SURGEON	6	23		4,423.35		192.32	.009	737.23	1.68
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	3	31		486.71		15.70	.012	162.24	.18
OUTPATIENT SURGERY	43	190		11,284.68		59.39	.072	262.43	4.29
PRINCIPAL SURGEON	32	41		8,591.53		209.55	.016	268.49	3.27
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	15	149		2,693.15		18.07	.057	179.54	1.02
DIALYSIS	10	15		3,207.16		213.81	.006	320.72	1.22
PATHOLOGY	17	28		712.26		25.44	.011	41.90	.27
RADIOLOGY	123	216		5,474.05		25.34	.082	44.50	2.08
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	1,156		1,781.70		1.54	.439	178.17	.68
OTHER SERVICES/ALL X-OVERS	285	805		11,766.71		14.62	.306	41.29	4.47
@PHARMACY	1,706	53,377	\$	872,836.58	\$	16.35	20.288	\$ 511.63	\$ 331.75
PRESCRIPTION DRUGS	1,662	8,681		807,938.59		93.07	3.300	486.12	307.08
SNF/ICF	43	311		16,998.85		54.66	.118	395.32	6.46
OUTPATIENTS	1,621	8,370		790,939.74		94.50	3.181	487.93	300.62
MEDICAL SUPPLIES	375	44,696		64,897.99		1.45	16.988	173.06	24.67
@DENTIST	88	452	\$	15,116.95	\$	33.44	.172	\$ 171.78	\$ 5.75
VISITS - DIAGNOSTIC	70	289		3,732.85		12.92	.110	53.33	1.42
ORAL SURGERY	12	23		1,366.10		59.40	.009	113.84	.52
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	8	13		1,254.00		96.46	.005	156.75	.48
ENDODONTICS	7	8		2,270.00		283.75	.003	324.29	.86
RESTORATIVE DENTISTRY	28	73		3,796.00		52.00	.028	135.57	1.44
PROSTHETICS	0	0		.00		.00	.000	.00	.00

DENTURES, STAYPLATES	9	38	2,698.00	71.00	.014	299.78	1.03
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	7	.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 966
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 BUTTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

2,631 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	53	118	\$ 4,820.40	\$ 40.85	.045	\$ 90.95	\$ 1.83
DIAGNOSTIC AND ANC. PROCED	21	22	1,043.03	47.41	.008	49.67	.40
EYE APPLIANCES	32	84	3,566.97	42.46	.032	111.47	1.36
OTHER OPTOMETRIC SERVICES	8	12	210.40	17.53	.005	26.30	.08
@CHIROPRACITOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	46	53	\$ 855.05	\$ 16.13	.020	\$ 18.59	\$.32
MEDICINE/INJECTIONS	12	13	415.90	31.99	.005	34.66	.16
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	3	51.90	17.30	.001	25.95	.02
OTHER	34	37	387.25	10.47	.014	11.39	.15
@HOME HEALTH AGENCY	20	757	\$ 20,146.79	\$ 26.61	.288	\$ 1007.34	\$ 7.66
NURSE ANESTHESIST	3	23	\$ 199.78	\$ 8.69	.009	\$ 66.59	\$.08
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	14	26	\$ 522.32	\$ 20.09	.010	\$ 37.31	\$.20
@TOTAL HOSPITAL	511	2,621	\$ 409,841.15	\$ 156.37	.996	\$ 802.04	\$ 155.77
HOSP INPATIENT TOTAL	49	161	343,886.27	2135.94	.061	7018.09	130.71
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	30	161	328,257.09	2038.86	.061	10941.90	124.77
ACCOMMODATIONS	30	161	101,080.92	627.83	.061	3369.36	38.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	30	161	101,080.92	627.83	.061	3369.36	38.42
ANCILLARIES	30	0	227,176.17	.00	.000	7572.54	86.35
INPATIENT CROSSOVERS	19	0	15,629.18	.00	.000	822.59	5.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	493	2,460	65,954.88	26.81	.935	133.78	25.07
MEDICAL	150	333	16,745.28	50.29	.127	111.64	6.36
SURGERY	30	35	1,986.48	56.76	.013	66.22	.76
PATHOLOGY	140	542	7,307.36	13.48	.206	52.20	2.78
RADIOLOGY	82	121	8,252.17	68.20	.046	100.64	3.14
ROOM USE	150	347	14,297.71	41.20	.132	95.32	5.43
CROSSOVERS/ALL OTH OUTPTNT	285	1,082	17,365.88	16.05	.411	60.93	6.60
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 967
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND						AID CODE 20
					----- MONTHLY AVERAGE -----		
2,631 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	511	2,621	\$ 409,841.15	\$ 156.37	.996	\$ 802.04	\$ 155.77
COMM HOSP INPATIENT TOTAL	49	161	343,886.27	2135.94	.061	7018.09	130.71
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	30	161	328,257.09	2038.86	.061	10941.90	124.77
ACCOMMODATIONS	30	161	101,080.92	627.83	.061	3369.36	38.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	30	161	101,080.92	627.83	.061	3369.36	38.42
ANCILLARIES	30	0	227,176.17	.00	.000	7572.54	86.35
INPATIENT CROSSOVERS	19	0	15,629.18	.00	.000	822.59	5.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	493	2,460	65,954.88	26.81	.935	133.78	25.07
MEDICAL	150	333	16,745.28	50.29	.127	111.64	6.36
SURGERY	30	35	1,986.48	56.76	.013	66.22	.76
PATHOLOGY	140	542	7,307.36	13.48	.206	52.20	2.78
RADIOLOGY	82	121	8,252.17	68.20	.046	100.64	3.14
ROOM USE	150	347	14,297.71	41.20	.132	95.32	5.43
CROSSOVERS/ALL OTH OUTPTNT	285	1,082	17,365.88	16.05	.411	60.93	6.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	44	1,018	\$ 153,722.70	\$ 151.00	.387	\$ 3493.70	\$ 58.43
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	44	1,018	153,722.70	151.00	.387	3493.70	58.43
@INTERMEDIATE CARE FACIL.-DD	50	1,484	\$ 308,711.52	\$ 208.03	.564	\$ 6174.23	\$ 117.34
ICF DDH	3	68	13,527.92	198.94	.026	4509.31	5.14
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	47	1,416	295,183.60	208.46	.538	6280.50	112.19
@HEMODIALYSIS TOTAL	43	2,633	\$ 55,951.99	\$ 21.25	1.001	\$ 1301.21	\$ 21.27
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	43	2,633	55,951.99	21.25	1.001	1301.21	21.27
@REHABILITATION FACILITY	38	384	\$ 6,472.57	\$ 16.86	.146	\$ 170.33	\$ 2.46
HOSPITAL BASED	7	32	787.40	24.61	.012	112.49	.30
INDEPENDENT FACILITY	31	352	5,685.17	16.15	.134	183.39	2.16
@LABORATORY FACILITY	82	344	\$ 5,013.61	\$ 14.57	.131	\$ 61.14	\$ 1.91
PATHOLOGY	79	338	4,992.24	14.77	.128	63.19	1.90
XO AND OTHERS	3	6	21.37	3.56	.002	7.12	.01

@ORGANIZED OUTPATIENT CLINIC	477	928	\$	99,391.47	\$	107.10	.353	\$	208.37	\$	37.78
CLINIC	15	45		2,861.78		63.60	.017		190.79		1.09
SURGICENTER	5	23		1,255.97		54.61	.009		251.19		.48
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	459	860		95,273.72		110.78	.327		207.57		36.21

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 968
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

	2,631 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	478	51,695	\$	161,772.61	\$ 3.13	19.648	\$ 338.44	\$ 61.49
DURABLE MED. EQUIP.	33	118		27,874.91	236.23	.045	844.69	10.59
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	49	95		8,157.17	85.86	.036	166.47	3.10
MEDICAL TRANSPORTATION	116	4,846		25,414.63	5.24	1.842	219.09	9.66
AMBULANCES/AIR TRANS	40	252		5,297.09	21.02	.096	132.43	2.01
OTHER TRANS	80	4,565		20,089.03	4.40	1.735	251.11	7.64
OTHER SERVICES	2	29		28.51	.98	.011	14.26	.01
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	8	152		10,576.16	69.58	.058	1322.02	4.02
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF,NF,AIDS,MSSP	64	1,559		53,534.99	34.34	.593	836.48	20.35
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	37	84		3,903.59	46.47	.032	105.50	1.48
PHYSICAL THERAPIST	3	26		402.13	15.47	.010	134.04	.15
PORTABLE X-RAY	1	1		.61	.61	.000	.61	.00
PROSTHETIST/ORTHOTISTS	11	22		2,986.54	135.75	.008	271.50	1.14
PROSTHETICS	10	21		2,944.54	140.22	.008	294.45	1.12
ORTHOTICS	1	1		42.00	42.00	.000	42.00	.02
PSYCHOLOGIST	3	10		693.40	69.34	.004	231.13	.26
SPEECH AND AUDIOLOGY	8	15		830.16	55.34	.006	103.77	.32
HOSPICE SERVICES	1	15		1,704.30	113.62	.006	1704.30	.65
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	37	1,677		12,306.98	7.34	.637	332.62	4.68
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	196	43,075		13,387.04	.31	16.372	68.30	5.09
@CALIF. CHILDREN SERVICES*	83	962	\$	58,942.13	\$ 61.27	.366	\$ 710.15	\$ 22.40
@XOVER EXCLUDING STATE HOSP**	486	5,160	\$	105,807.73	\$ 20.51	1.961	\$ 217.71	\$ 40.22

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 969
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

	108,064 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS			2,027,751	\$ 78,968,137.51	\$ 38.94	18.764	\$ 834.21	\$ 730.75
@PHYSICIANS SERVICES	22,997	80,455	\$	2,828,153.31	\$ 35.15	.745	\$ 122.98	\$ 26.17
OUTPATIENT VISITS	8,246	11,196		433,190.47	38.69	.104	52.53	4.01
OFFICE VISITS	6,553	8,606		285,069.94	33.12	.080	43.50	2.64
HOME VISITS	27	36		1,849.00	51.36	.000	68.48	.02
EMERGENCY ROOM	1,410	1,914		119,642.13	62.51	.018	84.85	1.11

PREVENTIVE CARE	1	1	35.77	35.77	.000	35.77	.00
OB VISITS/COMPRE PERI	66	87	9,241.31	106.22	.001	140.02	.09
OTHER OUTPATIENT	484	552	17,352.32	31.44	.005	35.85	.16
INPATIENT VISITS	1,894	9,089	397,972.80	43.79	.084	210.12	3.68
HOSPITAL VISITS	1,615	8,186	319,452.61	39.02	.076	197.80	2.96
CRITICAL CARE	146	505	68,163.10	134.98	.005	466.87	.63
SNF/ICF/TRANS IP CARE	269	398	10,357.09	26.02	.004	38.50	.10
OPHTHALMOLOGICAL SERVICES	801	915	36,793.10	40.21	.008	45.93	.34
EXAMINATIONS	796	910	36,693.10	40.32	.008	46.10	.34
SERVICES AND MATERIALS	5	5	100.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	835	5,201	432,821.50	83.22	.048	518.35	4.01
PRINCIPAL SURGEON	652	1,019	346,726.27	340.26	.009	531.79	3.21
ASSISTANT SURGEON	90	91	18,015.10	197.97	.001	200.17	.17
ANESTHESIOLOGIST	258	4,091	68,080.13	16.64	.038	263.88	.63
OUTPATIENT SURGERY	1,635	5,104	390,106.90	76.43	.047	238.60	3.61
PRINCIPAL SURGEON	1,386	1,851	337,359.10	182.26	.017	243.40	3.12
ASSISTANT SURGEON	16	16	1,494.08	93.38	.000	93.38	.01
ANESTHESIOLOGIST	327	3,237	51,253.72	15.83	.030	156.74	.47
DIALYSIS	81	251	21,532.19	85.79	.002	265.83	.20
PATHOLOGY	981	2,293	62,397.83	27.21	.021	63.61	.58
RADIOLOGY	7,829	15,621	483,818.60	30.97	.145	61.80	4.48
PSYCHIATRY	5	7	383.11	54.73	.000	76.62	.00
IMMUNIZATION AND INJECTION	395	8,206	105,920.01	12.91	.076	268.15	.98
OTHER SERVICES/ALL X-OVERS	8,943	22,572	463,216.80	20.52	.209	51.80	4.29
@PHARMACY	75,861	934,701	\$ 38,437,350.92	\$ 41.12	8.650	\$ 506.68	\$ 355.69
PRESCRIPTION DRUGS	74,743	373,728	37,036,691.74	99.10	3.458	495.52	342.73
SNF/ICF	1,040	8,919	750,678.15	84.17	.083	721.81	6.95
OUTPATIENTS	73,850	364,809	36,286,013.59	99.47	3.376	491.35	335.78
MEDICAL SUPPLIES	9,290	560,973	1,400,659.18	2.50	5.191	150.77	12.96
@DENTIST	4,101	18,634	\$ 774,865.42	\$ 41.58	.172	\$ 188.95	\$ 7.17
VISITS - DIAGNOSTIC	2,760	11,124	145,454.16	13.08	.103	52.70	1.35
ORAL SURGERY	667	1,936	101,019.55	52.18	.018	151.45	.93
DRUGS	16	16	300.00	18.75	.000	18.75	.00
ANESTHESIA	25	28	2,220.00	79.29	.000	88.80	.02
PERIODONTICS	265	288	30,346.00	105.37	.003	114.51	.28
ENDODONTICS	300	461	108,608.00	235.59	.004	362.03	1.01
RESTORATIVE DENTISTRY	1,169	3,241	217,437.25	67.09	.030	186.00	2.01
PROSTHETICS	31	31	885.00	28.55	.000	28.55	.01
DENTURES, STAYPLATES	427	1,218	151,966.30	124.77	.011	355.89	1.41
SPACE MAINTAINERS	4	5	831.00	166.20	.000	207.75	.01
MAXILLOFACIAL SERVICES	10	11	3,898.84	354.44	.000	389.88	.04
FRACTURES, DISLOCATIONS	1	2	444.32	222.16	.000	444.32	.00
ORTHODONTIC SERVICES	99	136	11,230.00	82.57	.001	113.43	.10
ALL OTHER SERVICES	88	137	225.00	1.64	.001	2.56	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 970
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
				AID CODE 60			
				----- MONTHLY AVERAGE -----			
108,064 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	2,987	8,126	\$ 168,198.79	\$ 20.70	.075	\$ 56.31	\$ 1.56
DIAGNOSTIC AND ANC. PROCED	1,344	1,412	58,715.57	41.58	.013	43.69	.54
EYE APPLIANCES	2,253	6,344	102,196.82	16.11	.059	45.36	.95
OTHER OPTOMETRIC SERVICES	274	370	7,286.40	19.69	.003	26.59	.07
@CHIROPRACTOR	353	653	\$ 10,529.51	\$ 16.12	.006	\$ 29.83	\$.10
VISITS	334	631	10,203.38	16.17	.006	30.55	.09

OTHER SERVICES	19	22		326.13		14.82	.000	17.16	.00
@PODIATRIST	919	1,637	\$	23,146.15	\$	14.14	.015	\$ 25.19	\$.21
MEDICINE/INJECTIONS	358	402		10,493.01		26.10	.004	29.31	.10
SURGERY/ANES.	3	5		184.30		36.86	.000	61.43	.00
RADIO./PATHOLOGY	26	34		589.92		17.35	.000	22.69	.01
OTHER	557	1,196		11,878.92		9.93	.011	21.33	.11
@HOME HEALTH AGENCY	651	33,399	\$	1,077,280.96	\$	32.25	.309	\$ 1654.81	\$ 9.97
NURSE ANESTHESIST	184	2,224	\$	22,070.83	\$	9.92	.021	\$ 119.95	\$.20
NURSE MIDWIFE	123	810	\$	18,900.27	\$	23.33	.007	\$ 153.66	\$.17
PEDIATRIC NURSE PRACTITIONER	1	1	\$	18.10	\$	18.10	.000	\$ 18.10	\$.00
FAMILY NURSE PRACTITIONER	757	1,598	\$	25,128.99	\$	15.73	.015	\$ 33.20	\$.23
@TOTAL HOSPITAL	24,494	132,159	\$	21,246,467.60	\$	160.76	1.223	\$ 867.42	\$ 196.61
HOSP INPATIENT TOTAL	2,042	8,752		17,492,928.93		1998.74	.081	8566.57	161.88
HSC HOSPITALS	153	1,278		1,868,727.60		1462.23	.012	12213.91	17.29
NON-HSC HOSPITAL TOTAL	1,368	7,474		15,162,685.89		2028.72	.069	11083.83	140.31
ACCOMMODATIONS	1,367	7,474		4,754,357.18		636.12	.069	3477.95	44.00
ADMINISTRATIVE DAYS	3	26		5,194.46		199.79	.000	1731.49	.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	1,364	7,448		4,749,162.72		637.64	.069	3481.79	43.95
ANCILLARIES	1,368	0		10,408,328.71		.00	.000	7608.43	96.32
INPATIENT CROSSEOVERS	547	0		461,515.44		.00	.000	843.72	4.27
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	23,835	123,407		3,753,538.67		30.42	1.142	157.48	34.73
MEDICAL	9,084	17,871		936,548.64		52.41	.165	103.10	8.67
SURGERY	1,462	1,757		87,541.93		49.82	.016	59.88	.81
PATHOLOGY	8,658	38,844		507,001.74		13.05	.359	58.56	4.69
RADIOLOGY	5,508	8,671		676,153.47		77.98	.080	122.76	6.26
ROOM USE	9,090	15,121		599,805.10		39.67	.140	65.99	5.55
CROSSEOVERS/ALL OTH OUTPTNT	12,054	41,143		946,487.79		23.00	.381	78.52	8.76
@COUNTY HOSPITAL TOTAL	51	201	\$	49,251.70	\$	245.03	.002	\$ 965.72	\$.46
CO HOSPITAL INPATIENT TOTAL	5	23		44,609.88		1939.56	.000	8921.98	.41
HSC HOSPITALS	3	13		16,616.00		1278.15	.000	5538.67	.15

NON-HSC HOSPITALS TOTAL	2	10	27,993.88	2799.39	.000	13996.94	.26
ACCOMMODATIONS	2	10	11,096.00	1109.60	.000	5548.00	.10
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	11,096.00	1109.60	.000	5548.00	.10
ANCILLARIES	2	0	16,897.88	.00	.000	8448.94	.16
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	46	178	4,641.82	26.08	.002	100.91	.04
MEDICAL	17	19	606.42	31.92	.000	35.67	.01
SURGERY	4	6	312.66	52.11	.000	78.17	.00
PATHOLOGY	14	50	850.46	17.01	.000	60.75	.01
RADIOLOGY	7	12	786.27	65.52	.000	112.32	.01
ROOM USE	26	29	1,306.36	45.05	.000	50.24	.01
CROSSOVERS/ALL OTH OUTPTNT	23	62	779.65	12.58	.001	33.90	.01
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		----- MONTHLY AVERAGE -----						
108,064 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	24,451	131,958	\$ 21,197,215.90	\$ 160.64	1.221	\$ 866.93	\$ 196.15	
COMM HOSP INPATIENT TOTAL	2,038	8,729	17,448,319.05	1998.89	.081	8561.49	161.46	
HSC HOSPITALS	150	1,265	1,852,111.60	1464.12	.012	12347.41	17.14	
NON-HSC HOSPITALS TOTAL	1,366	7,464	15,134,692.01	2027.69	.069	11079.57	140.05	
ACCOMMODATIONS	1,365	7,464	4,743,261.18	635.49	.069	3474.92	43.89	
ADMINISTRATIVE DAYS	3	26	5,194.46	199.79	.000	1731.49	.05	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1,362	7,438	4,738,066.72	637.01	.069	3478.76	43.85	
ANCILLARIES	1,366	0	10,391,430.83	.00	.000	7607.20	96.16	
INPATIENT CROSSOVERS	547	0	461,515.44	.00	.000	843.72	4.27	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	23,796	123,229	3,748,896.85	30.42	1.140	157.54	34.69	
MEDICAL	9,068	17,852	935,942.22	52.43	.165	103.21	8.66	
SURGERY	1,458	1,751	87,229.27	49.82	.016	59.83	.81	
PATHOLOGY	8,644	38,794	506,151.28	13.05	.359	58.56	4.68	
RADIOLOGY	5,502	8,659	675,367.20	78.00	.080	122.75	6.25	
ROOM USE	9,066	15,092	598,498.74	39.66	.140	66.02	5.54	
CROSSOVERS/ALL OTH OUTPTNT	12,035	41,081	945,708.14	23.02	.380	78.58	8.75	
@STATE HOSPITAL	2	45	\$ 24,489.17	\$ 544.20	.000	\$ 12244.59	\$.23	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	2	45	24,489.17	544.20	.000	12244.59	.23	
@NURSING FACILITY	694	19,037	\$ 2,683,777.04	\$ 140.98	.176	\$ 3867.11	\$ 24.84	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	7	253	31,705.96	125.32	.002	4529.42	.29	
LEV B-SUBACUTE FREESTANDING	21	671	245,800.72	366.32	.006	11704.80	2.27	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	666	18,113	2,406,270.36	132.85	.168	3613.02	22.27	
@INTERMEDIATE CARE FACIL.-DD	247	7,449	\$ 1,457,916.44	\$ 195.72	.069	\$ 5902.50	\$ 13.49	
ICF DDH	85	2,633	451,102.31	171.33	.024	5307.09	4.17	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	162	4,816	1,006,814.13	209.06	.045	6214.90	9.32	
@HEMODIALYSIS TOTAL	381	7,417	\$ 393,043.27	\$ 52.99	.069	\$ 1031.61	\$ 3.64	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	381	7,417	393,043.27	52.99	.069	1031.61	3.64	

@REHABILITATION FACILITY	603	8,257	\$	155,689.49	\$	18.86	.076	\$	258.19	\$	1.44
HOSPITAL BASED	331	2,213		58,129.29		26.27	.020		175.62		.54
INDEPENDENT FACILITY	272	6,044		97,560.20		16.14	.056		358.68		.90
@LABORATORY FACILITY	5,140	22,108	\$	323,481.74	\$	14.63	.205	\$	62.93	\$	2.99
PATHOLOGY	5,092	21,997		322,519.74		14.66	.204		63.34		2.98
XO AND OTHERS	50	111		962.00		8.67	.001		19.24		.01
@ORGANIZED OUTPATIENT CLINIC	30,471	56,746	\$	5,685,103.19	\$	100.19	.525	\$	186.57	\$	52.61
CLINIC	890	1,873		155,909.71		83.24	.017		175.18		1.44
SURGICENTER	244	1,554		58,720.02		37.79	.014		240.66		.54
HEROIN DETOX CLINIC	8	114		1,406.84		12.34	.001		175.86		.01
RURAL HEALTH CLINIC	29,781	53,205		5,469,066.62		102.79	.492		183.64		50.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 972
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----- MONTHLY AVERAGE -----											
108,064 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@ALL OTHER PROVIDERS	15,926	692,295	\$ 3,612,526.32	\$ 5.22	6.406	\$ 226.83	\$ 33.43				
DURABLE MED. EQUIP.	1,601	4,027	674,716.89	167.55	.037	421.43	6.24				
BLOOD BANK	13	9,014	27,042.00	3.00	.083	2080.15	.25				
HEARING AID DISPENSERS	508	1,009	71,889.65	71.25	.009	141.52	.67				
MEDICAL TRANSPORTATION	3,451	127,159	783,074.88	6.16	1.177	226.91	7.25				
AMBULANCES/AIR TRANS	2,337	21,616	388,313.02	17.96	.200	166.16	3.59				
OTHER TRANS	1,169	104,778	345,653.45	3.30	.970	295.68	3.20				
OTHER SERVICES	108	765	49,108.41	64.19	.007	454.71	.45				
ACUPUNCTURE	189	360	6,264.20	17.40	.003	33.14	.06				
ADULT DAY HEALTH CARE CTR	169	1,792	124,805.68	69.65	.017	738.50	1.15				
GENETIC DISEASE TESTING	27	27	2,835.00	105.00	.000	105.00	.03				
IHMC,MODEL-NF,NF,AIDS,MSSP	850	22,050	838,455.28	38.03	.204	986.42	7.76				
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00				
OPTICIAN	2,630	6,128	64,063.43	10.45	.057	24.36	.59				
PHYSICAL THERAPIST	146	1,369	19,804.09	14.47	.013	135.64	.18				
PORTABLE X-RAY	4	17	22.37	1.32	.000	5.59	.00				
PROSTHETIST/ORTHOTISTS	238	687	114,213.86	166.25	.006	479.89	1.06				
PROSTHETICS	228	646	109,003.54	168.74	.006	478.09	1.01				
ORTHOTICS	10	41	5,210.32	127.08	.000	521.03	.05				
PSYCHOLOGIST	45	160	9,810.80	61.32	.001	218.02	.09				
SPEECH AND AUDIOLOGY	606	1,856	94,131.56	50.72	.017	155.33	.87				
HOSPICE SERVICES	68	1,470	173,180.86	117.81	.014	2546.78	1.60				
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00				
LOCAL EDUCATION AGENCIES	1,906	32,651	219,089.40	6.71	.302	114.95	2.03				
EPSDT SUPPLEMENTAL SERVICE	1	76	2,427.44	31.94	.001	2427.44	.02				
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00				
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00				
ALL OTHER PROVIDERS	5,269	482,443	386,698.93	.80	4.464	73.39	3.58				
@CALIF. CHILDREN SERVICES*	1,368	50,438	\$ 2,267,062.01	\$ 44.95	.467	\$ 1657.21	\$ 20.98				
@XOVER EXCLUDING STATE HOSP**	14,041	108,455	\$ 1,690,879.14	\$ 15.59	1.004	\$ 120.42	\$ 15.65				

* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 973
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----- MONTHLY AVERAGE -----											
126,471 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				

@TOTAL, ALL PROVIDERS	66,307	331,126	\$	18,615,616.91	\$	56.22	2.618	\$	280.75	\$	147.19
@PHYSICIANS SERVICES	12,189	32,266	\$	1,367,240.62	\$	42.37	.255	\$	112.17	\$	10.81
OUTPATIENT VISITS	5,749	6,990		309,646.35		44.30	.055		53.86		2.45
OFFICE VISITS	4,012	4,843		180,618.00		37.29	.038		45.02		1.43
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1,466	1,654		90,541.76		54.74	.013		61.76		.72
PREVENTIVE CARE	20	20		844.61		42.23	.000		42.23		.01
OB VISITS/COMPRE PERI	226	295		31,926.53		108.23	.002		141.27		.25
OTHER OUTPATIENT	172	178		5,715.45		32.11	.001		33.23		.05
INPATIENT VISITS	746	2,295		134,285.50		58.51	.018		180.01		1.06
HOSPITAL VISITS	707	1,958		85,536.10		43.69	.015		120.98		.68
CRITICAL CARE	80	335		48,683.35		145.32	.003		608.54		.38
SNF/ICF/TRANS IP CARE	2	2		66.05		33.03	.000		33.03		.00
OPHTHALMOLOGICAL SERVICES	475	521		22,574.90		43.33	.004		47.53		.18
EXAMINATIONS	473	519		22,534.90		43.42	.004		47.64		.18
SERVICES AND MATERIALS	2	2		40.00		20.00	.000		20.00		.00
INPATIENT HOSPITAL SURGERY	599	2,759		334,725.30		121.32	.022		558.81		2.65
PRINCIPAL SURGEON	438	555		286,348.10		515.94	.004		653.76		2.26
ASSISTANT SURGEON	65	66		10,960.87		166.07	.001		168.63		.09
ANESTHESIOLOGIST	187	2,138		37,416.33		17.50	.017		200.09		.30
OUTPATIENT SURGERY	1,106	3,881		214,095.75		55.17	.031		193.58		1.69
PRINCIPAL SURGEON	909	1,184		169,543.82		143.20	.009		186.52		1.34
ASSISTANT SURGEON	9	9		804.92		89.44	.000		89.44		.01
ANESTHESIOLOGIST	262	2,688		43,747.01		16.27	.021		166.97		.35
DIALYSIS	3	9		892.14		99.13	.000		297.38		.01
PATHOLOGY	650	1,109		30,573.85		27.57	.009		47.04		.24
RADIOLOGY	5,030	7,354		195,954.65		26.65	.058		38.96		1.55
PSYCHIATRY	7	8		476.90		59.61	.000		68.13		.00
IMMUNIZATION AND INJECTION	157	3,710		19,032.34		5.13	.029		121.23		.15
OTHER SERVICES/ALL X-OVERS	1,600	3,630		104,982.94		28.92	.029		65.61		.83
@PHARMACY	32,118	98,259	\$	4,861,102.19	\$	49.47	.777	\$	151.35	\$	38.44
PRESCRIPTION DRUGS	31,868	82,498		4,617,326.22		55.97	.652		144.89		36.51
SNF/ICF	6	23		1,438.03		62.52	.000		239.67		.01
OUTPATIENTS	31,867	82,475		4,615,888.19		55.97	.652		144.85		36.50
MEDICAL SUPPLIES	911	15,761		243,775.97		15.47	.125		267.59		1.93
@DENTIST	5,126	27,021	\$	877,061.99	\$	32.46	.214	\$	171.10	\$	6.93
VISITS - DIAGNOSTIC	3,706	17,659		259,163.04		14.68	.140		69.93		2.05
ORAL SURGERY	752	1,577		89,869.30		56.99	.012		119.51		.71
DRUGS	172	189		4,486.80		23.74	.001		26.09		.04
ANESTHESIA	28	28		2,185.00		78.04	.000		78.04		.02
PERIODONTICS	77	78		7,816.00		100.21	.001		101.51		.06
ENDODONTICS	456	752		120,516.00		160.26	.006		264.29		.95
RESTORATIVE DENTISTRY	1,780	5,685		304,567.40		53.57	.045		171.11		2.41
PROSTHETICS	10	10		300.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	59	197		25,943.10		131.69	.002		439.71		.21
SPACE MAINTAINERS	57	75		8,274.00		110.32	.001		145.16		.07
MAXILLOFACIAL SERVICES	16	17		730.10		42.95	.000		45.63		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	493	637		49,611.25		77.88	.005		100.63		.39
ALL OTHER SERVICES	104	117		3,600.00		30.77	.001		34.62		.03

#CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

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----- MONTHLY AVERAGE -----

USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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126,471 ELIGIBLES

@OPTOMETRIST	1,567	4,171	\$	92,257.95	\$	22.12	.033	\$	58.88	\$.73
DIAGNOSTIC AND ANC. PROCED	1,089	1,155		48,301.87		41.82	.009		44.35		.38
EYE APPLIANCES	1,084	2,977		43,312.97		14.55	.024		39.96		.34
OTHER OPTOMETRIC SERVICES	37	39		643.11		16.49	.000		17.38		.01
@CHIROPRACTOR	200	354	\$	5,755.86	\$	16.26	.003	\$	28.78	\$	.05
VISITS	200	354		5,755.86		16.26	.003		28.78		.05
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	46	73	\$	2,067.78	\$	28.33	.001	\$	44.95	\$	.02
MEDICINE/INJECTIONS	43	54		1,542.49		28.56	.000		35.87		.01
SURGERY/ANES.	4	5		157.37		31.47	.000		39.34		.00
RADIO./PATHOLOGY	10	12		223.16		18.60	.000		22.32		.00
OTHER	1	2		144.76		72.38	.000		144.76		.00
@HOME HEALTH AGENCY	179	413	\$	25,373.92	\$	61.44	.003	\$	141.75	\$	.20
NURSE ANESTHESIST	173	1,826	\$	20,969.80	\$	11.48	.014	\$	121.21	\$	.17
NURSE MIDWIFE	466	2,738	\$	89,977.52	\$	32.86	.022	\$	193.08	\$	.71
PEDIATRIC NURSE PRACTITIONER	1	2	\$	81.20	\$	40.60	.000	\$	81.20	\$	.00
FAMILY NURSE PRACTITIONER	221	468	\$	8,512.37	\$	18.19	.004	\$	38.52	\$	.07
@TOTAL HOSPITAL	19,058	73,184	\$	6,387,645.94	\$	87.28	.579	\$	335.17	\$	50.51
HOSP INPATIENT TOTAL	830	2,996		4,165,445.11		1390.34	.024		5018.61		32.94
HSC HOSPITALS	86	482		687,255.60		1425.84	.004		7991.34		5.43
NON-HSC HOSPITAL TOTAL	750	2,514		3,478,189.51		1383.53	.020		4637.59		27.50
ACCOMMODATIONS	749	2,514		1,184,204.02		471.04	.020		1581.05		9.36
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	749	2,514		1,184,204.02		471.04	.020		1581.05		9.36
ANCILLARIES	750	0		2,293,985.49		.00	.000		3058.65		18.14
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	18,735	70,188		2,222,200.83		31.66	.555		118.61		17.57
MEDICAL	11,501	16,833		746,537.61		44.35	.133		64.91		5.90
SURGERY	1,323	1,642		87,141.50		53.07	.013		65.87		.69
PATHOLOGY	5,903	19,607		262,630.61		13.39	.155		44.49		2.08
RADIOLOGY	3,937	5,170		315,356.89		61.00	.041		80.10		2.49
ROOM USE	13,054	17,670		669,631.62		37.90	.140		51.30		5.29
CROSSOVERS/ALL OTH OUTPTNT	5,084	9,266		140,902.60		15.21	.073		27.71		1.11
@COUNTY HOSPITAL TOTAL	20	138	\$	9,645.51	\$	69.90	.001	\$	482.28	\$	.08
CO HOSPITAL INPATIENT TOTAL	3	6		5,860.00		976.67	.000		1953.33		.05
HSC HOSPITALS	3	6		5,860.00		976.67	.000		1953.33		.05
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	17	132		3,785.51		28.68	.001		222.68		.03
MEDICAL	7	8		258.92		32.37	.000		36.99		.00
SURGERY	3	6		177.66		29.61	.000		59.22		.00
PATHOLOGY	8	54		761.80		14.11	.000		95.23		.01
RADIOLOGY	3	8		938.02		117.25	.000		312.67		.01
ROOM USE	13	23		1,199.70		52.16	.000		92.28		.01
CROSSOVERS/ALL OTH OUTPTNT	12	33		449.41		13.62	.000		37.45		.00

126,471 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19,040	73,046	\$ 6,378,000.43	\$ 87.31	.578	\$ 334.98	\$ 50.43
COMM HOSP INPATIENT TOTAL	827	2,990	4,159,585.11	1391.17	.024	5029.73	32.89
HSC HOSPITALS	83	476	681,395.60	1431.50	.004	8209.59	5.39
NON-HSC HOSPITALS TOTAL	750	2,514	3,478,189.51	1383.53	.020	4637.59	27.50
ACCOMMODATIONS	749	2,514	1,184,204.02	471.04	.020	1581.05	9.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	749	2,514	1,184,204.02	471.04	.020	1581.05	9.36
ANCILLARIES	750	0	2,293,985.49	.00	.000	3058.65	18.14
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	18,720	70,056	2,218,415.32	31.67	.554	118.51	17.54
MEDICAL	11,495	16,825	746,278.69	44.36	.133	64.92	5.90
SURGERY	1,320	1,636	86,963.84	53.16	.013	65.88	.69
PATHOLOGY	5,897	19,553	261,868.81	13.39	.155	44.41	2.07
RADIOLOGY	3,934	5,162	314,418.87	60.91	.041	79.92	2.49
ROOM USE	13,042	17,647	668,431.92	37.88	.140	51.25	5.29
CROSSOVERS/ALL OTH OUTPTNT	5,073	9,233	140,453.19	15.21	.073	27.69	1.11
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	4	\$ 795.00	\$ 198.75	.000	\$ 795.00	\$.01
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	4	795.00	198.75	.000	795.00	.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	43	\$ 1,797.05	\$ 41.79	.000	\$ 599.02	\$.01
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	43	1,797.05	41.79	.000	599.02	.01
@REHABILITATION FACILITY	207	1,291	\$ 29,400.28	\$ 22.77	.010	\$ 142.03	\$.23
HOSPITAL BASED	181	1,016	25,156.23	24.76	.008	138.98	.20
INDEPENDENT FACILITY	26	275	4,244.05	15.43	.002	163.23	.03
@LABORATORY FACILITY	2,560	7,682	\$ 126,006.31	\$ 16.40	.061	\$ 49.22	\$ 1.00
PATHOLOGY	2,560	7,681	125,981.71	16.40	.061	49.21	1.00
XO AND OTHERS	1	1	24.60	24.60	.000	24.60	.00
@ORGANIZED OUTPATIENT CLINIC	23,472	38,415	\$ 4,215,450.67	\$ 109.73	.304	\$ 179.59	\$ 33.33
CLINIC	1,314	3,921	147,001.58	37.49	.031	111.87	1.16
SURGICENTER	89	574	20,247.61	35.27	.005	227.50	.16
HEROIN DETOX CLINIC	3	46	519.12	11.29	.000	173.04	.00
RURAL HEALTH CLINIC	22,360	33,874	4,047,682.36	119.49	.268	181.02	32.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 976
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G 03/14/05

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
126,471 ELIGIBLES							
@ALL OTHER PROVIDERS	9,493	42,916	\$ 504,120.46	\$ 11.75	.339	\$ 53.10	\$ 3.99
DURABLE MED. EQUIP.	239	1,332	46,653.34	35.03	.011	195.20	.37
BLOOD BANK	1	88	264.00	3.00	.001	264.00	.00
HEARING AID DISPENSERS	15	39	3,745.86	96.05	.000	249.72	.03
MEDICAL TRANSPORTATION	840	8,427	150,197.48	17.82	.067	178.81	1.19
AMBULANCES/AIR TRANS	833	8,373	123,998.35	14.81	.066	148.86	.98
OTHER TRANS	4	36	144.49	4.01	.000	36.12	.00
OTHER SERVICES	18	18	26,054.64	1447.48	.000	1447.48	.21
ACUPUNCTURE	28	44	825.25	18.76	.000	29.47	.01
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	68	68	7,140.00	105.00	.001	105.00	.06
IHMC,MODEL-NF,NF,AIDS,MSSP	6	18	2,108.98	117.17	.000	351.50	.02
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,222	2,602	22,376.95	8.60	.021	18.31	.18
PHYSICAL THERAPIST	75	650	9,623.76	14.81	.005	128.32	.08
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	54	86	10,064.26	117.03	.001	186.38	.08
PROSTHETICS	51	83	9,942.18	119.79	.001	194.94	.08
ORTHOTICS	3	3	122.08	40.69	.000	40.69	.00
PSYCHOLOGIST	22	78	5,128.95	65.76	.001	233.13	.04
SPEECH AND AUDIOLOGY	444	1,203	51,184.22	42.55	.010	115.28	.40
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6,493	20,910	190,774.47	9.12	.165	29.38	1.51
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	121	7,371	4,032.94	.55	.058	33.33	.03
@CALIF. CHILDREN SERVICES*	375	6,141	\$ 653,943.09	\$ 106.49	.049	\$ 1743.85	\$ 5.17
@XOVER EXCLUDING STATE HOSP**	17	92	\$ 1,610.55	\$ 17.51	.001	\$ 94.74	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

						----- MONTHLY AVERAGE -----			
250,875 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	174,236	2,686,233	\$	105,144,556.87	\$ 39.14	10.707	\$ 603.46	\$ 419.11	
@PHYSICIANS SERVICES	37,937	124,428	\$	4,353,774.47	\$ 34.99	.496	\$ 114.76	\$ 17.35	
OUTPATIENT VISITS	14,231	18,541		755,692.69	40.76	.074	53.10	3.01	
OFFICE VISITS	10,760	13,740		474,909.01	34.56	.055	44.14	1.89	
HOME VISITS	27	36		1,849.00	51.36	.000	68.48	.01	
EMERGENCY ROOM	2,911	3,622		213,514.33	58.95	.014	73.35	.85	
PREVENTIVE CARE	21	21		880.38	41.92	.000	41.92	.00	
OB VISITS/COMPRE PERI	292	382		41,167.84	107.77	.002	140.99	.16	
OTHER OUTPATIENT	666	740		23,372.13	31.58	.003	35.09	.09	
INPATIENT VISITS	2,690	11,519		537,747.69	46.68	.046	199.91	2.14	
HOSPITAL VISITS	2,351	10,247		409,578.00	39.97	.041	174.21	1.63	
CRITICAL CARE	228	843		117,211.25	139.04	.003	514.08	.47	
SNF/ICF/TRANS IP CARE	292	429		10,958.44	25.54	.002	37.53	.04	
OPHTHALMOLOGICAL SERVICES	1,306	1,467		60,533.55	41.26	.006	46.35	.24	
EXAMINATIONS	1,299	1,460		60,393.55	41.37	.006	46.49	.24	
SERVICES AND MATERIALS	7	7		140.00	20.00	.000	20.00	.00	
INPATIENT HOSPITAL SURGERY	1,444	8,029		772,585.93	96.22	.032	535.03	3.08	
PRINCIPAL SURGEON	1,097	1,598		637,539.79	398.96	.006	581.17	2.54	
ASSISTANT SURGEON	155	157		28,975.97	184.56	.001	186.94	.12	
ANESTHESIOLOGIST	449	6,274		106,070.17	16.91	.025	236.24	.42	
OUTPATIENT SURGERY	2,796	9,268		620,459.18	66.95	.037	221.91	2.47	
PRINCIPAL SURGEON	2,337	3,095		519,452.12	167.84	.012	222.27	2.07	
ASSISTANT SURGEON	25	25		2,299.00	91.96	.000	91.96	.01	
ANESTHESIOLOGIST	609	6,148		98,708.06	16.06	.025	162.08	.39	
DIALYSIS	102	283		27,431.81	96.93	.001	268.94	.11	
PATHOLOGY	1,653	3,437		93,707.81	27.26	.014	56.69	.37	
RADIOLOGY	13,007	23,230		687,127.85	29.58	.093	52.83	2.74	
PSYCHIATRY	12	15		860.01	57.33	.000	71.67	.00	
IMMUNIZATION AND INJECTION	565	13,076		126,769.43	9.69	.052	224.37	.51	
OTHER SERVICES/ALL X-OVERS	12,935	35,563		670,858.52	18.86	.142	51.86	2.67	
@PHARMACY	119,166	1,210,414	\$	47,198,918.06	\$ 38.99	4.825	\$ 396.08	\$ 188.14	
PRESCRIPTION DRUGS	117,579	503,824		45,392,196.48	90.10	2.008	386.06	180.94	
SNF/ICF	1,247	10,449		864,232.58	82.71	.042	693.05	3.44	
OUTPATIENTS	116,505	493,375		44,527,963.90	90.25	1.967	382.20	177.49	
MEDICAL SUPPLIES	11,784	706,590		1,806,721.58	2.56	2.817	153.32	7.20	
@DENTIST	9,646	47,278	\$	1,726,309.96	\$ 36.51	.188	\$ 178.97	\$ 6.88	
VISITS - DIAGNOSTIC	6,743	29,792		417,189.05	14.00	.119	61.87	1.66	
ORAL SURGERY	1,484	3,677		199,690.95	54.31	.015	134.56	.80	
DRUGS	188	205		4,786.80	23.35	.001	25.46	.02	
ANESTHESIA	53	56		4,405.00	78.66	.000	83.11	.02	
PERIODONTICS	367	397		41,170.00	103.70	.002	112.18	.16	
ENDODONTICS	778	1,237		234,914.00	189.91	.005	301.95	.94	
RESTORATIVE DENTISTRY	3,063	9,163		537,322.25	58.64	.037	175.42	2.14	
PROSTHETICS	44	44		1,325.00	30.11	.000	30.11	.01	
DENTURES, STAYPLATES	564	1,571		206,662.40	131.55	.006	366.42	.82	
SPACE MAINTAINERS	61	80		9,105.00	113.81	.000	149.26	.04	
MAXILLOFACIAL SERVICES	27	29		4,628.94	159.62	.000	171.44	.02	
FRACTURES, DISLOCATIONS	1	2		444.32	222.16	.000	444.32	.00	
ORTHODONTIC SERVICES	592	773		60,841.25	78.71	.003	102.77	.24	
ALL OTHER SERVICES	199	252		3,825.00	15.18	.001	19.22	.02	

250,875 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4,920	13,192	\$	279,556.27	\$ 21.19	.053	\$ 56.82	\$ 1.11
DIAGNOSTIC AND ANC. PROCED	2,478	2,614		109,006.86	41.70	.010	43.99	.43
EYE APPLIANCES	3,606	10,036		159,913.78	15.93	.040	44.35	.64
OTHER OPTOMETRIC SERVICES	405	542		10,635.63	19.62	.002	26.26	.04
@CHIROPRACTOR	562	1,018	\$	16,384.34	\$ 16.09	.004	\$ 29.15	\$.07
VISITS	534	985		15,959.24	16.20	.004	29.89	.06
OTHER SERVICES	28	33		425.10	12.88	.000	15.18	.00
@PODIATRIST	1,232	2,043	\$	28,606.41	\$ 14.00	.008	\$ 23.22	\$.11
MEDICINE/INJECTIONS	414	471		12,496.80	26.53	.002	30.19	.05
SURGERY/ANES.	7	10		341.67	34.17	.000	48.81	.00
RADIO./PATHOLOGY	38	49		864.98	17.65	.000	22.76	.00
OTHER	812	1,513		14,902.96	9.85	.006	18.35	.06
@HOME HEALTH AGENCY	853	34,586	\$	1,123,942.29	\$ 32.50	.138	\$ 1317.63	\$ 4.48
NURSE ANESTHESIST	363	4,103	\$	43,441.90	\$ 10.59	.016	\$ 119.67	\$.17
NURSE MIDWIFE	589	3,548	\$	108,877.79	\$ 30.69	.014	\$ 184.85	\$.43
PEDIATRIC NURSE PRACTITIONER	2	3	\$	99.30	\$ 33.10	.000	\$ 49.65	\$.00
FAMILY NURSE PRACTITIONER	997	2,103	\$	34,394.51	\$ 16.35	.008	\$ 34.50	\$.14
@TOTAL HOSPITAL	45,869	214,583	\$	28,882,846.63	\$ 134.60	.855	\$ 629.68	\$ 115.13
HOSP INPATIENT TOTAL	3,178	12,322		22,720,226.12	1843.87	.049	7149.22	90.56
HSC HOSPITALS	242	1,780		2,576,944.69	1447.72	.007	10648.53	10.27
NON-HSC HOSPITAL TOTAL	2,203	10,542		19,498,094.03	1849.56	.042	8850.70	77.72
ACCOMMODATIONS	2,201	10,542		6,235,061.38	591.45	.042	2832.83	24.85
ADMINISTRATIVE DAYS	3	26		5,194.46	199.79	.000	1731.49	.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2,198	10,516		6,229,866.92	592.42	.042	2834.33	24.83
ANCILLARIES	2,203	0		13,263,032.65	.00	.000	6020.44	52.87
INPATIENT CROSSOVERS	765	0		645,187.40	.00	.000	843.38	2.57
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	44,766	202,261		6,162,620.51	30.47	.806	137.66	24.56
MEDICAL	20,757	35,086		1,702,428.22	48.52	.140	82.02	6.79
SURGERY	2,823	3,445		177,745.20	51.60	.014	62.96	.71
PATHOLOGY	14,776	59,172		779,269.58	13.17	.236	52.74	3.11
RADIOLOGY	9,539	13,987		1,002,868.54	71.70	.056	105.13	4.00
ROOM USE	22,317	33,178		1,286,113.68	38.76	.132	57.63	5.13
CROSSOVERS/ALL OTH OUTPTNT	19,066	57,393		1,214,195.29	21.16	.229	63.68	4.84
@COUNTY HOSPITAL TOTAL	76	360	\$	59,178.14	\$ 164.38	.001	\$ 778.66	\$.24
CO HOSPITAL INPATIENT TOTAL	8	29		50,469.88	1740.34	.000	6308.74	.20
HSC HOSPITALS	6	19		22,476.00	1182.95	.000	3746.00	.09
NON-HSC HOSPITALS TOTAL	2	10		27,993.88	2799.39	.000	13996.94	.11
ACCOMMODATIONS	2	10		11,096.00	1109.60	.000	5548.00	.04
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10		11,096.00	1109.60	.000	5548.00	.04
ANCILLARIES	2	0		16,897.88	.00	.000	8448.94	.07
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	68	331		8,708.26	26.31	.001	128.06	.03
MEDICAL	24	27		865.34	32.05	.000	36.06	.00
SURGERY	7	12		490.32	40.86	.000	70.05	.00
PATHOLOGY	22	104		1,612.26	15.50	.000	73.28	.01

RADIOLOGY	10	20	1,724.29	86.21	.000	172.43	.01
ROOM USE	39	52	2,506.06	48.19	.000	64.26	.01
CROSSOVERS/ALL OTH OUTPTNT	40	116	1,509.99	13.02	.000	37.75	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 979

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
250,875 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	45,804	214,223	\$ 28,823,668.49	\$ 134.55	.854	\$ 629.28	\$ 114.89
COMM HOSP INPATIENT TOTAL	3,171	12,293	22,669,756.24	1844.12	.049	7149.09	90.36
HSC HOSPITALS	236	1,761	2,554,468.69	1450.58	.007	10824.02	10.18
NON-HSC HOSPITALS TOTAL	2,201	10,532	19,470,100.15	1848.66	.042	8846.02	77.61
ACCOMMODATIONS	2,199	10,532	6,223,965.38	590.96	.042	2830.36	24.81
ADMINISTRATIVE DAYS	3	26	5,194.46	199.79	.000	1731.49	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2,196	10,506	6,218,770.92	591.93	.042	2831.86	24.79
ANCILLARIES	2,201	0	13,246,134.77	.00	.000	6018.23	52.80
INPATIENT CROSSOVERS	765	0	645,187.40	.00	.000	843.38	2.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	44,708	201,930	6,153,912.25	30.48	.805	137.65	24.53
MEDICAL	20,735	35,059	1,701,562.88	48.53	.140	82.06	6.78
SURGERY	2,816	3,433	177,254.88	51.63	.014	62.95	.71
PATHOLOGY	14,756	59,068	777,657.32	13.17	.235	52.70	3.10
RADIOLOGY	9,530	13,967	1,001,144.25	71.68	.056	105.05	3.99
ROOM USE	22,281	33,126	1,283,607.62	38.75	.132	57.61	5.12
CROSSOVERS/ALL OTH OUTPTNT	19,032	57,277	1,212,685.30	21.17	.228	63.72	4.83
@STATE HOSPITAL	2	45	\$ 24,489.17	\$ 544.20	.000	\$ 12244.59	\$.10
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	2	45	24,489.17	544.20	.000	12244.59	.10
@NURSING FACILITY	969	24,011	\$ 3,507,159.54	\$ 146.06	.096	\$ 3619.36	\$ 13.98
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	7	253	31,705.96	125.32	.001	4529.42	.13
LEV B-SUBACUTE FREESTANDING	21	671	245,800.72	366.32	.003	11704.80	.98
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	941	23,087	3,229,652.86	139.89	.092	3432.15	12.87
@INTERMEDIATE CARE FACIL.-DD	297	8,933	\$ 1,766,627.96	\$ 197.76	.036	\$ 5948.24	\$ 7.04
ICF DDH	88	2,701	464,630.23	172.02	.011	5279.89	1.85
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	209	6,232	1,301,997.73	208.92	.025	6229.65	5.19
@HEMODIALYSIS TOTAL	480	10,408	\$ 488,805.85	\$ 46.96	.041	\$ 1018.35	\$ 1.95
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	480	10,408	488,805.85	46.96	.041	1018.35	1.95
@REHABILITATION FACILITY	848	9,932	\$ 191,562.34	\$ 19.29	.040	\$ 225.90	\$.76
HOSPITAL BASED	519	3,261	84,072.92	25.78	.013	161.99	.34
INDEPENDENT FACILITY	329	6,671	107,489.42	16.11	.027	326.72	.43
@LABORATORY FACILITY	7,830	30,317	\$ 456,526.60	\$ 15.06	.121	\$ 58.30	\$ 1.82
PATHOLOGY	7,770	30,182	455,378.91	15.09	.120	58.61	1.82
XO AND OTHERS	63	135	1,147.69	8.50	.001	18.22	.00
@ORGANIZED OUTPATIENT CLINIC	56,183	99,150	\$ 10,137,228.35	\$ 102.24	.395	\$ 180.43	\$ 40.41
CLINIC	2,255	5,931	309,905.59	52.25	.024	137.43	1.24
SURGICENTER	355	2,167	83,068.24	38.33	.009	234.00	.33
HEROIN DETOX CLINIC	11	160	1,925.96	12.04	.001	175.09	.01
RURAL HEALTH CLINIC	54,316	90,892	9,742,328.56	107.19	.362	179.36	38.83

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 980

MOP024
BUTTE COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

03/14/05

250,875 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	28,129	846,138	\$ 4,775,005.13	\$ 5.64	3.373	\$ 169.75	\$ 19.03
DURABLE MED. EQUIP.	1,926	5,555	763,315.89	137.41	.022	396.32	3.04
BLOOD BANK	14	9,102	27,306.00	3.00	.036	1950.43	.11
HEARING AID DISPENSERS	783	1,493	113,286.38	75.88	.006	144.68	.45
MEDICAL TRANSPORTATION	4,704	156,627	1,022,403.37	6.53	.624	217.35	4.08
AMBULANCES/AIR TRANS	3,238	30,281	521,004.83	17.21	.121	160.90	2.08
OTHER TRANS	1,510	125,348	425,376.24	3.39	.500	281.71	1.70
OTHER SERVICES	161	998	76,022.30	76.17	.004	472.19	.30
ACUPUNCTURE	238	456	7,986.94	17.52	.002	33.56	.03
ADULT DAY HEALTH CARE CTR	344	4,132	287,685.52	69.62	.016	836.30	1.15
GENETIC DISEASE TESTING	95	95	9,975.00	105.00	.000	105.00	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	1,198	26,088	1,035,527.86	39.69	.104	864.38	4.13
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4,173	9,462	98,010.37	10.36	.038	23.49	.39
PHYSICAL THERAPIST	225	2,051	29,837.60	14.55	.008	132.61	.12
PORTABLE X-RAY	8	21	25.32	1.21	.000	3.17	.00
PROSTHETIST/ORTHOTISTS	307	831	127,511.73	153.44	.003	415.35	.51
PROSTHETICS	293	786	122,137.33	155.39	.003	416.85	.49
ORTHOTICS	14	45	5,374.40	119.43	.000	383.89	.02
PSYCHOLOGIST	70	248	15,633.15	63.04	.001	223.33	.06
SPEECH AND AUDIOLOGY	1,087	3,130	154,533.86	49.37	.012	142.17	.62
HOSPICE SERVICES	80	1,716	200,624.56	116.91	.007	2507.81	.80
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8,436	55,238	422,170.85	7.64	.220	50.04	1.68
EPSDT SUPPLEMENTAL SERVICE	1	76	2,427.44	31.94	.000	2427.44	.01
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	6,883	569,817	456,743.29	.80	2.271	66.36	1.82
@CALIF. CHILDREN SERVICES*	1,826	57,541	\$ 2,979,947.23	\$ 51.79	.229	\$ 1631.95	\$ 11.88
@XOVER EXCLUDING STATE HOSP**	18,937	149,602	\$ 2,462,430.24	\$ 16.46	.596	\$ 130.03	\$ 9.82

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 981
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS	AID CODES 47 69

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,209 ELIGIBLES							
@TOTAL, ALL PROVIDERS	1,785	6,398	\$ 529,223.57	\$ 82.72	1.994	\$ 296.48	\$ 164.92
@PHYSICIANS SERVICES	343	980	\$ 47,694.65	\$ 48.67	.305	\$ 139.05	\$ 14.86
OUTPATIENT VISITS	215	288	9,640.84	33.48	.090	44.84	3.00
OFFICE VISITS	175	237	7,293.16	30.77	.074	41.68	2.27
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	38	43	2,083.09	48.44	.013	54.82	.65
PREVENTIVE CARE	2	2	45.33	22.67	.001	22.67	.01
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	6	219.26	36.54	.002	43.85	.07
INPATIENT VISITS	37	195	18,911.87	96.98	.061	511.13	5.89
HOSPITAL VISITS	35	128	7,361.59	57.51	.040	210.33	2.29
CRITICAL CARE	10	67	11,550.28	172.39	.021	1155.03	3.60
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	8	354.45	44.31	.002	44.31	.11
EXAMINATIONS	8	8	354.45	44.31	.002	44.31	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	80	6,550.11	81.88	.025	595.46	2.04
PRINCIPAL SURGEON	9	16	4,850.53	303.16	.005	538.95	1.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	64	1,699.58	26.56	.020	339.92	.53
OUTPATIENT SURGERY	14	53	2,351.57	44.37	.017	167.97	.73
PRINCIPAL SURGEON	10	15	1,540.80	102.72	.005	154.08	.48
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	38	810.77	21.34	.012	162.15	.25
DIALYSIS	2	32	2,687.15	83.97	.010	1343.58	.84
PATHOLOGY	14	97	965.98	9.96	.030	69.00	.30
RADIOLOGY	91	131	2,853.06	21.78	.041	31.35	.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	7	96.55	13.79	.002	32.18	.03
OTHER SERVICES/ALL X-OVERS	61	89	3,283.07	36.89	.028	53.82	1.02
@PHARMACY	808	1,650	\$ 62,544.06	\$ 37.91	.514	\$ 77.41	\$ 19.49
PRESCRIPTION DRUGS	802	1,618	58,951.61	36.43	.504	73.51	18.37
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	802	1,618	58,951.61	36.43	.504	73.51	18.37
MEDICAL SUPPLIES	26	32	3,592.45	112.26	.010	138.17	1.12
@DENTIST	4	14	\$ 488.00	\$ 34.86	.004	\$ 122.00	\$.15
VISITS - DIAGNOSTIC	4	10	208.00	20.80	.003	52.00	.06
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	4	280.00	70.00	.001	280.00	.09
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 982
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	3,209 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2	\$	94.90	\$ 47.45	.001	\$ 47.45	\$.03
DIAGNOSTIC AND ANC. PROCED	2	2		94.90	47.45	.001	47.45	.03
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	14	353	\$	11,131.16	\$ 31.53	.110	\$ 795.08	\$ 3.47
NURSE ANESTHESIST	1	6	\$	104.91	\$ 17.49	.002	\$ 104.91	\$.03
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	628	1,856	\$	268,659.36	\$ 144.75	.578	\$ 427.80	\$ 83.72
HOSP INPATIENT TOTAL	20	135		210,952.05	1562.61	.042	10547.60	65.74
HSC HOSPITALS	7	94		168,266.00	1790.06	.029	24038.00	52.44
NON-HSC HOSPITAL TOTAL	13	41		42,686.05	1041.12	.013	3283.54	13.30
ACCOMMODATIONS	13	41		21,160.80	516.12	.013	1627.75	6.59
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	41		21,160.80	516.12	.013	1627.75	6.59
ANCILLARIES	13	0		21,525.25	.00	.000	1655.79	6.71
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	616	1,721		57,707.31	33.53	.536	93.68	17.98
MEDICAL	377	587		23,681.43	40.34	.183	62.82	7.38
SURGERY	15	17		1,266.50	74.50	.005	84.43	.39
PATHOLOGY	93	203		3,003.58	14.80	.063	32.30	.94
RADIOLOGY	52	56		2,174.44	38.83	.017	41.82	.68
ROOM USE	513	719		25,632.56	35.65	.224	49.97	7.99
CROSSOVERS/ALL OTH OUTPTNT	103	139		1,948.80	14.02	.043	18.92	.61
@COUNTY HOSPITAL TOTAL	1	10	\$	11,950.00	\$ 1195.00	.003	\$ 1195.00	\$ 3.72
CO HOSPITAL INPATIENT TOTAL	1	10		11,950.00	1195.00	.003	1195.00	3.72
HSC HOSPITALS	1	10		11,950.00	1195.00	.003	1195.00	3.72
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 983
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS						AID CODES 47 69
					----- MONTHLY AVERAGE -----		
3,209 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	627	1,846	\$ 256,709.36	\$ 139.06	.575	\$ 409.42	\$ 80.00
COMM HOSP INPATIENT TOTAL	19	125	199,002.05	1592.02	.039	10473.79	62.01
HSC HOSPITALS	6	84	156,316.00	1860.90	.026	26052.67	48.71
NON-HSC HOSPITALS TOTAL	13	41	42,686.05	1041.12	.013	3283.54	13.30
ACCOMMODATIONS	13	41	21,160.80	516.12	.013	1627.75	6.59
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	41	21,160.80	516.12	.013	1627.75	6.59
ANCILLARIES	13	0	21,525.25	.00	.000	1655.79	6.71
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	616	1,721	57,707.31	33.53	.536	93.68	17.98
MEDICAL	377	587	23,681.43	40.34	.183	62.82	7.38
SURGERY	15	17	1,266.50	74.50	.005	84.43	.39
PATHOLOGY	93	203	3,003.58	14.80	.063	32.30	.94
RADIOLOGY	52	56	2,174.44	38.83	.017	41.82	.68
ROOM USE	513	719	25,632.56	35.65	.224	49.97	7.99
CROSSOVERS/ALL OTH OUTPTNT	103	139	1,948.80	14.02	.043	18.92	.61
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	23	34	\$ 347.98	\$ 10.23	.011	\$ 15.13	\$.11
PATHOLOGY	23	34	347.98	10.23	.011	15.13	.11
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	700	1,083	\$	132,768.01	\$	122.59	.337	\$	189.67	\$	41.37
CLINIC	2	3		151.67		50.56	.001		75.84		.05
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	698	1,080		132,616.34		122.79	.337		189.99		41.33

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 984
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

						----- MONTHLY AVERAGE -----			
3,209 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	34	420	\$	5,390.54	\$ 12.83	.131	\$ 158.55	\$	1.68
DURABLE MED. EQUIP.	24	27		1,585.41	58.72	.008	66.06		.49
BLOOD BANK	1	352		1,056.00	3.00	.110	1056.00		.33
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	6	33		2,488.67	75.41	.010	414.78		.78
AMBULANCES/AIR TRANS	5	32		688.67	21.52	.010	137.73		.21
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800.00		.56
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	1	4		25.58	6.40	.001	25.58		.01
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	1	1		100.03	100.03	.000	100.03		.03
PROSTHETICS	1	1		100.03	100.03	.000	100.03		.03
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	1	2		110.19	55.10	.001	110.19		.03
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	1	1		24.66	24.66	.000	24.66		.01
@CALIF. CHILDREN SERVICES*	31	1,264	\$	178,023.22	\$ 140.84	.394	\$ 5742.68	\$	55.48
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 985
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

						----- MONTHLY AVERAGE -----			
4,106 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,125	20,087	\$	1,990,067.00	\$ 99.07	4.892	\$ 636.82	\$	484.67
@PHYSICIANS SERVICES	1,074	3,165	\$	294,238.87	\$ 92.97	.771	\$ 273.97	\$	71.66
OUTPATIENT VISITS	370	539		46,070.11	85.47	.131	124.51		11.22
OFFICE VISITS	114	122		6,723.05	55.11	.030	58.97		1.64
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	28	29		1,740.41	60.01	.007	62.16		.42

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	255	388	37,606.65	96.92	.094	147.48	9.16
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	213	548	31,873.23	58.16	.133	149.64	7.76
HOSPITAL VISITS	204	433	17,917.19	41.38	.105	87.83	4.36
CRITICAL CARE	13	115	13,956.04	121.36	.028	1073.54	3.40
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	83.38	41.69	.000	83.38	.02
EXAMINATIONS	1	2	83.38	41.69	.000	83.38	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	257	1,262	181,685.96	143.97	.307	706.95	44.25
PRINCIPAL SURGEON	181	195	158,576.44	813.21	.047	876.11	38.62
ASSISTANT SURGEON	34	34	6,341.00	186.50	.008	186.50	1.54
ANESTHESIOLOGIST	86	1,033	16,768.52	16.23	.252	194.98	4.08
OUTPATIENT SURGERY	45	115	4,116.17	35.79	.028	91.47	1.00
PRINCIPAL SURGEON	39	63	2,875.47	45.64	.015	73.73	.70
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	52	1,240.70	23.86	.013	137.86	.30
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	91	115	4,158.43	36.16	.028	45.70	1.01
RADIOLOGY	401	485	22,507.47	46.41	.118	56.13	5.48
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	20	413.02	20.65	.005	41.30	.10
OTHER SERVICES/ALL X-OVERS	47	79	3,331.10	42.17	.019	70.87	.81
@PHARMACY	835	2,246	\$ 53,305.46	\$ 23.73	.547	\$ 63.84	\$ 12.98
PRESCRIPTION DRUGS	795	1,522	41,984.23	27.58	.371	52.81	10.23
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	795	1,522	41,984.23	27.58	.371	52.81	10.23
MEDICAL SUPPLIES	86	724	11,321.23	15.64	.176	131.64	2.76
@DENTIST	19	63	\$ 1,139.40	\$ 18.09	.015	\$ 59.97	\$.28
VISITS - DIAGNOSTIC	14	33	403.00	12.21	.008	28.79	.10
ORAL SURGERY	6	6	260.00	43.33	.001	43.33	.06

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	9	12	260.00	21.67	.003	28.89	.06
RESTORATIVE DENTISTRY	4	11	216.40	19.67	.003	54.10	.05
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 986
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	4,106 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	92	153	\$	8,359.45	\$ 54.64	.037	\$ 90.86	\$ 2.04
NURSE ANESTHESIST	15	168	\$	2,059.29	\$ 12.26	.041	\$ 137.29	\$.50
NURSE MIDWIFE	711	6,231	\$	134,092.09	\$ 21.52	1.518	\$ 188.60	\$ 32.66
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,273	5,274	\$	1,351,522.96	\$ 256.26	1.284	\$ 1061.68	\$ 329.16
HOSP INPATIENT TOTAL	288	1,246		1,247,992.09	1001.60	.303	4333.31	303.94
HSC HOSPITALS	13	148		209,840.08	1417.84	.036	16141.54	51.11
NON-HSC HOSPITAL TOTAL	276	1,098		1,038,152.01	945.49	.267	3761.42	252.84
ACCOMMODATIONS	276	1,098		425,310.17	387.35	.267	1540.98	103.58
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	276	1,098		425,310.17	387.35	.267	1540.98	103.58
ANCILLARIES	276	0		612,841.84	.00	.000	2220.44	149.26
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,136	4,028		103,530.87	25.70	.981	91.14	25.21
MEDICAL	154	223		12,945.58	58.05	.054	84.06	3.15
SURGERY	49	61		2,093.86	34.33	.015	42.73	.51
PATHOLOGY	677	2,160		31,259.18	14.47	.526	46.17	7.61
RADIOLOGY	305	329		22,596.50	68.68	.080	74.09	5.50
ROOM USE	409	639		23,342.54	36.53	.156	57.07	5.68
CROSSOVERS/ALL OTH OUTPTNT	258	616		11,293.21	18.33	.150	43.77	2.75
@COUNTY HOSPITAL TOTAL	3	24	\$	678.75	\$ 28.28	.006	\$ 226.25	\$.17
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	24	678.75	28.28	.006	226.25	.17
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	2	61.20	30.60	.000	61.20	.01
PATHOLOGY	2	11	164.82	14.98	.003	82.41	.04
RADIOLOGY	1	1	82.48	82.48	.000	82.48	.02
ROOM USE	2	5	313.53	62.71	.001	156.77	.08
CROSSOVERS/ALL OTH OUTPTNT	3	5	56.72	11.34	.001	18.91	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 987
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,106 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	1,271	5,250	\$ 1,350,844.21	\$ 257.30	1.279	\$ 1062.82	\$ 328.99
COMM HOSP INPATIENT TOTAL	288	1,246	1,247,992.09	1001.60	.303	4333.31	303.94
HSC HOSPITALS	13	148	209,840.08	1417.84	.036	16141.54	51.11
NON-HSC HOSPITALS TOTAL	276	1,098	1,038,152.01	945.49	.267	3761.42	252.84
ACCOMMODATIONS	276	1,098	425,310.17	387.35	.267	1540.98	103.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	276	1,098	425,310.17	387.35	.267	1540.98	103.58
ANCILLARIES	276	0	612,841.84	.00	.000	2220.44	149.26
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,134	4,004	102,852.12	25.69	.975	90.70	25.05
MEDICAL	154	223	12,945.58	58.05	.054	84.06	3.15
SURGERY	48	59	2,032.66	34.45	.014	42.35	.50
PATHOLOGY	675	2,149	31,094.36	14.47	.523	46.07	7.57
RADIOLOGY	304	328	22,514.02	68.64	.080	74.06	5.48
ROOM USE	407	634	23,029.01	36.32	.154	56.58	5.61
CROSSOVERS/ALL OTH OUTPTNT	255	611	11,236.49	18.39	.149	44.06	2.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	627	1,208	\$	25,232.10	\$	20.89	.294	\$	40.24	\$	6.15
PATHOLOGY	627	1,208		25,232.10		20.89	.294		40.24		6.15
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	400	995	\$	93,681.87	\$	94.15	.242	\$	234.20	\$	22.82
CLINIC	111	500		23,796.82		47.59	.122		214.39		5.80
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	290	495		69,885.05		141.18	.121		240.98		17.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 988
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	4,106 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	143	584	\$	26,435.51	\$ 45.27	.142	\$ 184.86	\$ 6.44
DURABLE MED. EQUIP.	1	1		99.00	99.00	.000	99.00	.02
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	457		13,142.81	28.76	.111	773.11	3.20
AMBULANCES/AIR TRANS	17	454		7,742.81	17.05	.111	455.46	1.89
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	3	3		5,400.00	1800.00	.001	1800.00	1.32
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	122	123		12,915.00	105.00	.030	105.86	3.15
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	3		278.70	92.90	.001	92.90	.07
PROSTHETICS	3	3		278.70	92.90	.001	92.90	.07
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	209	\$	28,488.94	\$ 136.31	.051	\$ 4748.16	\$ 6.94
@XOVER EXCLUDING STATE HOSP**	2	11	\$	109.49	\$ 9.95	.003	\$ 54.75	\$.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 989
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

	02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	9	95	\$	1,587.17	\$	16.71	47.500	\$	176.35	\$	793.59
@PHYSICIANS SERVICES	2	16	\$	371.10	\$	23.19	8.000	\$	185.55	\$	185.55
OUTPATIENT VISITS	1	6		190.70		31.78	3.000		190.70		95.35
OFFICE VISITS	1	6		190.70		31.78	3.000		190.70		95.35
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	4		161.52		40.38	2.000		80.76		80.76
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	6		18.88		3.15	3.000		18.88		9.44
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 990
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

					----- MONTHLY AVERAGE -----			
02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	6	25	\$	674.31	\$	26.97	12.500	\$	112.39	\$	337.16
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	25		674.31		26.97	12.500		112.39		337.16
MEDICAL	3	4		183.63		45.91	2.000		61.21		91.82
SURGERY	2	2		93.69		46.85	1.000		46.85		46.85
PATHOLOGY	4	9		165.36		18.37	4.500		41.34		82.68

RADIOLOGY	1	1	58.56	58.56	.500	58.56	29.28
ROOM USE	3	3	103.26	34.42	1.500	34.42	51.63
CROSSOVERS/ALL OTH OUTPTNT	2	6	69.81	11.64	3.000	34.91	34.91
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 991
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	25	\$ 674.31	\$ 26.97	12.500	\$ 112.39	\$ 337.16
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	25	674.31	26.97	12.500	112.39	337.16
MEDICAL	3	4	183.63	45.91	2.000	61.21	91.82
SURGERY	2	2	93.69	46.85	1.000	46.85	46.85
PATHOLOGY	4	9	165.36	18.37	4.500	41.34	82.68
RADIOLOGY	1	1	58.56	58.56	.500	58.56	29.28
ROOM USE	3	3	103.26	34.42	1.500	34.42	51.63
CROSSOVERS/ALL OTH OUTPTNT	2	6	69.81	11.64	3.000	34.91	34.91
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	6	\$ 129.41	\$ 21.57	3.000	\$ 43.14	\$ 64.71
PATHOLOGY	3	6	129.41	21.57	3.000	43.14	64.71
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	8	\$ 270.35	\$ 33.79	4.000	\$ 135.18	\$ 135.18
CLINIC	2	8	265.91	33.24	4.000	132.96	132.96
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	4.44	.00	.000	.00	2.22

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 992
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	40	\$ 142.00	\$ 3.55	20.000	\$ 142.00	\$ 71.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	40	142.00	3.55	20.000	142.00	71.00
AMBULANCES/AIR TRANS	1	40	142.00	3.55	20.000	142.00	71.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

7,317 ELIGIBLES		----- MONTHLY AVERAGE -----							
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	4,919	26,580	\$ 2,520,877.74	\$ 94.84	3.633	\$ 512.48	\$ 344.52		
@PHYSICIANS SERVICES	1,419	4,161	\$ 342,304.62	\$ 82.26	.569	\$ 241.23	\$ 46.78		
OUTPATIENT VISITS	586	833	55,901.65	67.11	.114	95.40	7.64		
OFFICE VISITS	290	365	14,206.91	38.92	.050	48.99	1.94		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	66	72	3,823.50	53.10	.010	57.93	.52		
PREVENTIVE CARE	2	2	45.33	22.67	.000	22.67	.01		
OB VISITS/COMPRE PERI	255	388	37,606.65	96.92	.053	147.48	5.14		
OTHER OUTPATIENT	5	6	219.26	36.54	.001	43.85	.03		
INPATIENT VISITS	250	743	50,785.10	68.35	.102	203.14	6.94		
HOSPITAL VISITS	239	561	25,278.78	45.06	.077	105.77	3.45		
CRITICAL CARE	23	182	25,506.32	140.14	.025	1108.97	3.49		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	9	10	437.83	43.78	.001	48.65	.06		
EXAMINATIONS	9	10	437.83	43.78	.001	48.65	.06		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	268	1,342	188,236.07	140.27	.183	702.37	25.73		
PRINCIPAL SURGEON	190	211	163,426.97	774.54	.029	860.14	22.34		
ASSISTANT SURGEON	34	34	6,341.00	186.50	.005	186.50	.87		
ANESTHESIOLOGIST	91	1,097	18,468.10	16.84	.150	202.95	2.52		
OUTPATIENT SURGERY	59	168	6,467.74	38.50	.023	109.62	.88		
PRINCIPAL SURGEON	49	78	4,416.27	56.62	.011	90.13	.60		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	14	90	2,051.47	22.79	.012	146.53	.28		
DIALYSIS	2	32	2,687.15	83.97	.004	1343.58	.37		
PATHOLOGY	105	212	5,124.41	24.17	.029	48.80	.70		
RADIOLOGY	494	620	25,522.05	41.16	.085	51.66	3.49		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	14	33	528.45	16.01	.005	37.75	.07		
OTHER SERVICES/ALL X-OVERS	108	168	6,614.17	39.37	.023	61.24	.90		
@PHARMACY	1,643	3,896	\$ 115,849.52	\$ 29.74	.532	\$ 70.51	\$ 15.83		
PRESCRIPTION DRUGS	1,597	3,140	100,935.84	32.15	.429	63.20	13.79		
SNF/ICF	0	0	.00	.00	.000	.00	.00		
OUTPATIENTS	1,597	3,140	100,935.84	32.15	.429	63.20	13.79		
MEDICAL SUPPLIES	112	756	14,913.68	19.73	.103	133.16	2.04		
@DENTIST	23	77	\$ 1,627.40	\$ 21.14	.011	\$ 70.76	\$.22		
VISITS - DIAGNOSTIC	18	43	611.00	14.21	.006	33.94	.08		
ORAL SURGERY	6	6	260.00	43.33	.001	43.33	.04		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	0	0	.00	.00	.000	.00	.00		
PERIODONTICS	0	0	.00	.00	.000	.00	.00		
ENDODONTICS	9	12	260.00	21.67	.002	28.89	.04		
RESTORATIVE DENTISTRY	5	15	496.40	33.09	.002	99.28	.07		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00		

7,317 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2	\$ 94.90	\$ 47.45	.000	\$ 47.45	\$.01
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.000	47.45	.01
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	106	506	\$ 19,490.61	\$ 38.52	.069	\$ 183.87	\$ 2.66
NURSE ANESTHESIST	16	174	\$ 2,164.20	\$ 12.44	.024	\$ 135.26	\$.30
NURSE MIDWIFE	711	6,231	\$ 134,092.09	\$ 21.52	.852	\$ 188.60	\$ 18.33
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,907	7,155	\$ 1,620,856.63	\$ 226.53	.978	\$ 849.95	\$ 221.52
HOSP INPATIENT TOTAL	308	1,381	1,458,944.14	1056.44	.189	4736.83	199.39
HSC HOSPITALS	20	242	378,106.08	1562.42	.033	18905.30	51.68
NON-HSC HOSPITAL TOTAL	289	1,139	1,080,838.06	948.94	.156	3739.92	147.72
ACCOMMODATIONS	289	1,139	446,470.97	391.99	.156	1544.88	61.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	289	1,139	446,470.97	391.99	.156	1544.88	61.02
ANCILLARIES	289	0	634,367.09	.00	.000	2195.04	86.70
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,758	5,774	161,912.49	28.04	.789	92.10	22.13
MEDICAL	534	814	36,810.64	45.22	.111	68.93	5.03
SURGERY	66	80	3,454.05	43.18	.011	52.33	.47
PATHOLOGY	774	2,372	34,428.12	14.51	.324	44.48	4.71
RADIOLOGY	358	386	24,829.50	64.33	.053	69.36	3.39
ROOM USE	925	1,361	49,078.36	36.06	.186	53.06	6.71
CROSSOVERS/ALL OTH OUTPTNT	363	761	13,311.82	17.49	.104	36.67	1.82
@COUNTY HOSPITAL TOTAL	4	34	\$ 12,628.75	\$ 371.43	.005	\$ 3157.19	\$ 1.73
CO HOSPITAL INPATIENT TOTAL	1	10	11,950.00	1195.00	.001	11950.00	1.63
HSC HOSPITALS	1	10	11,950.00	1195.00	.001	11950.00	1.63
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	24	678.75	28.28	.003	226.25	.09
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	2	61.20	30.60	.000	61.20	.01
PATHOLOGY	2	11	164.82	14.98	.002	82.41	.02

RADIOLOGY	1	1	82.48	82.48	.000	82.48	.01
ROOM USE	2	5	313.53	62.71	.001	156.77	.04
CROSSOVERS/ALL OTH OUTPTNT	3	5	56.72	11.34	.001	18.91	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 995

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
7,317 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	1,904	7,121	\$ 1,608,227.88	\$ 225.84	.973	\$ 844.66	\$ 219.79
COMM HOSP INPATIENT TOTAL	307	1,371	1,446,994.14	1055.43	.187	4713.34	197.76
HSC HOSPITALS	19	232	366,156.08	1578.26	.032	19271.37	50.04
NON-HSC HOSPITALS TOTAL	289	1,139	1,080,838.06	948.94	.156	3739.92	147.72
ACCOMMODATIONS	289	1,139	446,470.97	391.99	.156	1544.88	61.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	289	1,139	446,470.97	391.99	.156	1544.88	61.02
ANCILLARIES	289	0	634,367.09	.00	.000	2195.04	86.70
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,756	5,750	161,233.74	28.04	.786	91.82	22.04
MEDICAL	534	814	36,810.64	45.22	.111	68.93	5.03
SURGERY	65	78	3,392.85	43.50	.011	52.20	.46
PATHOLOGY	772	2,361	34,263.30	14.51	.323	44.38	4.68
RADIOLOGY	357	385	24,747.02	64.28	.053	69.32	3.38
ROOM USE	923	1,356	48,764.83	35.96	.185	52.83	6.66
CROSSOVERS/ALL OTH OUTPTNT	360	756	13,255.10	17.53	.103	36.82	1.81
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	653	1,248	\$	25,709.49	\$	20.60	\$	3.51
PATHOLOGY	653	1,248		25,709.49		20.60		3.51
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,102	2,086	\$	226,720.23	\$	108.69	\$	30.99
CLINIC	115	511		24,214.40		47.39		3.31
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	988	1,575		202,505.83		128.58		27.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
BUTTE COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76							

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03/14/05

7,317 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	178	1,044	\$ 31,968.05	\$ 30.62	.143	\$ 179.60	\$ 4.37
DURABLE MED. EQUIP.	25	28	1,684.41	60.16	.004	67.38	.23
BLOOD BANK	1	352	1,056.00	3.00	.048	1056.00	.14
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	24	530	15,773.48	29.76	.072	657.23	2.16
AMBULANCES/AIR TRANS	23	526	8,573.48	16.30	.072	372.76	1.17
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	4	7,200.00	1800.00	.001	1800.00	.98
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	122	123	12,915.00	105.00	.017	105.86	1.77
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	4	25.58	6.40	.001	25.58	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	4	378.73	94.68	.001	94.68	.05
PROSTHETICS	4	4	378.73	94.68	.001	94.68	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	110.19	55.10	.000	110.19	.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1	1		24.66		24.66	.000	24.66	.00
@CALIF. CHILDREN SERVICES*	37	1,473	\$	206,512.16	\$	140.20	.201	\$ 5581.41	\$ 28.22
@XOVER EXCLUDING STATE HOSP**	2	11	\$	109.49	\$	9.95	.002	\$ 54.75	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 997
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

1,964 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,947	51,366	\$ 1,066,489.73	\$ 20.76	26.154	\$ 547.76	\$ 543.02
@PHYSICIANS SERVICES	435	1,342	\$ 14,184.98	\$ 10.57	.683	\$ 32.61	\$ 7.22
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	5.19	5.19	.001	5.19	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	10.93	10.93	.001	10.93	.01
OTHER SERVICES/ALL X-OVERS	433	1,340	14,168.86	10.57	.682	32.72	7.21
@PHARMACY	1,701	40,195	\$ 738,036.14	\$ 18.36	20.466	\$ 433.88	\$ 375.78
PRESCRIPTION DRUGS	1,666	8,825	715,888.63	81.12	4.493	429.71	364.51
SNF/ICF	30	236	16,094.21	68.20	.120	536.47	8.19
OUTPATIENTS	1,638	8,589	699,794.42	81.48	4.373	427.22	356.31
MEDICAL SUPPLIES	252	31,370	22,147.51	.71	15.973	87.89	11.28
@DENTIST	45	150	\$ 6,869.75	\$ 45.80	.076	\$ 152.66	\$ 3.50
VISITS - DIAGNOSTIC	27	82	1,151.00	14.04	.042	42.63	.59
ORAL SURGERY	6	9	393.75	43.75	.005	65.63	.20
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	346.00	86.50	.002	86.50	.18
ENDODONTICS	1	1	260.00	260.00	.001	260.00	.13
RESTORATIVE DENTISTRY	6	14	759.00	54.21	.007	126.50	.39
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	16	40	3,960.00	99.00	.020	247.50	2.02
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 998
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

1,964 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	55	136	\$ 2,235.53	\$ 16.44	.069	\$ 40.65	\$ 1.14
DIAGNOSTIC AND ANC. PROCED	1	1	8.01	8.01	.001	8.01	.00
EYE APPLIANCES	42	115	1,903.76	16.55	.059	45.33	.97
OTHER OPTOMETRIC SERVICES	14	20	323.76	16.19	.010	23.13	.16
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	62	86	\$ 447.28	\$ 5.20	.044	\$ 7.21	\$.23
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	62	86	447.28	5.20	.044	7.21	.23
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	376	1,248	\$ 67,262.08	\$ 53.90	.635	\$ 178.89	\$ 34.25
HOSP INPATIENT TOTAL	52	0	44,210.09	.00	.000	850.19	22.51
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	52	0	44,210.09	.00	.000	850.19	22.51
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	361	1,248	23,051.99	18.47	.635	63.86	11.74
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	13	170.15	13.09	.007	15.47	.09
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	352	1,235	22,881.84	18.53	.629	65.01	11.65
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 999
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

	1,964 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	376	1,248	\$ 67,262.08	\$ 53.90	.635	\$ 178.89	\$ 34.25	
COMM HOSP INPATIENT TOTAL	52	0	44,210.09	.00	.000	850.19	22.51	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	52	0	44,210.09	.00	.000	850.19	22.51	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	361	1,248	23,051.99	18.47	.635	63.86	11.74	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	11	13	170.15	13.09	.007	15.47	.09	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	352	1,235	22,881.84	18.53	.629	65.01	11.65	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	52	657	\$ 116,493.06	\$ 177.31	.335	\$ 2240.25	\$ 59.31	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	52	657	116,493.06	177.31	.335	2240.25	59.31	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	5	7	\$ 2,735.46	\$ 390.78	.004	\$ 547.09	\$ 1.39	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	5	7	2,735.46	390.78	.004	547.09	1.39	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	5	6	\$ 66.45	\$ 11.08	.003	\$ 13.29	\$.03	
PATHOLOGY	2	2	42.19	21.10	.001	21.10	.02	
XO AND OTHERS	3	4	24.26	6.07	.002	8.09	.01	

@ORGANIZED OUTPATIENT CLINIC	257	474	\$	26,644.63	\$	56.21	.241	\$	103.68	\$	13.57
CLINIC	8	15		671.02		44.73	.008		83.88		.34
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	249	459		25,973.61		56.59	.234		104.31		13.22

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,000

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

	1,964 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	530	7,065	\$	91,514.37	\$ 12.95	3.597	\$ 172.67	\$ 46.60
DURABLE MED. EQUIP.	17	23		1,513.23	65.79	.012	89.01	.77
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	65	134		12,805.61	95.56	.068	197.01	6.52
MEDICAL TRANSPORTATION	51	2,303		8,579.97	3.73	1.173	168.23	4.37
AMBULANCES/AIR TRANS	4	6		433.46	72.24	.003	108.37	.22
OTHER TRANS	48	2,296		8,134.65	3.54	1.169	169.47	4.14
OTHER SERVICES	1	1		11.86	11.86	.001	11.86	.01
ACUPUNCTURE	1	2		32.44	16.22	.001	32.44	.02
ADULT DAY HEALTH CARE CTR	5	58		4,035.64	69.58	.030	807.13	2.05
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	83	923		47,874.54	51.87	.470	576.80	24.38
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	51	119		1,358.75	11.42	.061	26.64	.69
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	3	5		1.90	.38	.003	.63	.00
PROSTHETIST/ORTHOTISTS	4	16		739.18	46.20	.008	184.80	.38
PROSTHETICS	4	16		739.18	46.20	.008	184.80	.38
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	10		438.63	43.86	.005	109.66	.22

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	350	3,472	14,134.48	4.07	1.768	40.38	7.20
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	919	4,349	142,089.91	32.67	2.214	154.61	72.35

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 1,001

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25	1,224	\$ 14,281.66	\$ 11.67	47.077	\$ 571.27	\$ 549.29
@PHYSICIANS SERVICES	5	15	\$ 262.76	\$ 17.52	.577	\$ 52.55	\$ 10.11
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	15	262.76	17.52	.577	52.55	10.11
@PHARMACY	20	261	\$ 6,478.33	\$ 24.82	10.038	\$ 323.92	\$ 249.17
PRESCRIPTION DRUGS	15	94	5,300.15	56.38	3.615	353.34	203.85
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	15	94	5,300.15	56.38	3.615	353.34	203.85
MEDICAL SUPPLIES	10	167	1,178.18	7.05	6.423	117.82	45.31
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,002
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	2 \$	9.86	\$ 4.93	.077	\$ 9.86	\$.38
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	2	9.86	4.93	.077	9.86	.38
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	5 \$	931.59	\$ 186.32	.192	\$ 310.53	\$ 35.83
HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	33.69
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	33.69
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	5	55.59	11.12	.192	27.80	2.14
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	5	55.59	11.12	.192	27.80	2.14
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,003
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	5	\$ 931.59	\$ 186.32	.192	\$ 310.53	\$ 35.83
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	33.69
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	33.69
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	5	55.59	11.12	.192	27.80	2.14
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	5	55.59	11.12	.192	27.80	2.14
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	9	\$ 1,036.71	\$ 115.19	.346	\$ 1036.71	\$ 39.87
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	9	1,036.71	115.19	.346	1036.71	39.87
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	5	\$ 1,894.22	\$ 378.84	.192	\$ 631.41	\$ 72.85
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	5	1,894.22	378.84	.192	631.41	72.85

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	105.40	\$	105.40	.038	\$	105.40	\$	4.05
CLINIC	1	1		105.40		105.40	.038		105.40		4.05
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,004
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

	26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11		926	\$ 3,562.79	\$ 3.85	35.615	\$ 323.89	\$ 137.03
DURABLE MED. EQUIP.	3		4	121.19	30.30	.154	40.40	4.66
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2		904	3,071.80	3.40	34.769	1535.90	118.15
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	2		904	3,071.80	3.40	34.769	1535.90	118.15
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1		3	250.00	83.33	.115	250.00	9.62
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6		15	119.80	7.99	.577	19.97	4.61
@CALIF. CHILDREN SERVICES*	0		0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	13		49	\$ 3,713.59	\$ 75.79	1.885	\$ 285.66	\$ 142.83

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,005
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

	1,683 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	1,697	34,956	\$	1,224,534.22	\$	35.03	20.770	\$	721.59	\$	727.59
@PHYSICIANS SERVICES	256	1,178	\$	10,540.36	\$	8.95	.700	\$	41.17	\$	6.26
OUTPATIENT VISITS	7	8		279.50		34.94	.005		39.93		.17
OFFICE VISITS	7	8		279.50		34.94	.005		39.93		.17
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	2	9		480.96		53.44	.005		240.48		.29
HOSPITAL VISITS	2	9		480.96		53.44	.005		240.48		.29
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	3	3		138.44		46.15	.002		46.15		.08
EXAMINATIONS	3	3		138.44		46.15	.002		46.15		.08
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	2		123.79		61.90	.001		123.79		.07
PRINCIPAL SURGEON	1	2		123.79		61.90	.001		123.79		.07
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	4	33		896.57		27.17	.020		224.14		.53
PRINCIPAL SURGEON	2	3		503.72		167.91	.002		251.86		.30
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	30		392.85		13.10	.018		196.43		.23
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		8.08		8.08	.001		8.08		.00
RADIOLOGY	8	25		1,151.13		46.05	.015		143.89		.68
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	237	1,097		7,461.89		6.80	.652		31.48		4.43
@PHARMACY	1,484	18,983	\$	959,309.96	\$	50.54	11.279	\$	646.44	\$	570.00
PRESCRIPTION DRUGS	1,460	7,811		925,390.38		118.47	4.641		633.83		549.85

SNF/ICF	14	123		17,236.69	140.14	.073	1231.19	10.24
OUTPATIENTS	1,449	7,688		908,153.69	118.13	4.568	626.75	539.60
MEDICAL SUPPLIES	169	11,172		33,919.58	3.04	6.638	200.71	20.15
@DENTIST	71	309	\$	15,575.00	\$ 50.40	.184	\$ 219.37	\$ 9.25
VISITS - DIAGNOSTIC	44	170		2,158.00	12.69	.101	49.05	1.28
ORAL SURGERY	8	37		1,937.00	52.35	.022	242.13	1.15
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	9	8		881.00	110.13	.005	97.89	.52
ENDODONTICS	5	8		1,925.00	240.63	.005	385.00	1.14
RESTORATIVE DENTISTRY	19	54		3,464.00	64.15	.032	182.32	2.06
PROSTHETICS	2	2		30.00	15.00	.001	15.00	.02
DENTURES, STAYPLATES	13	21		5,180.00	246.67	.012	398.46	3.08
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	9		.00	.00	.005	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,006
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

1,683 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	55	142	\$ 2,535.92	\$ 17.86	.084	\$ 46.11	\$ 1.51
DIAGNOSTIC AND ANC. PROCED	8	8	371.59	46.45	.005	46.45	.22
EYE APPLIANCES	47	122	1,934.30	15.85	.072	41.16	1.15
OTHER OPTOMETRIC SERVICES	8	12	230.03	19.17	.007	28.75	.14
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.001	\$ 16.72	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.001	16.72	.01
@PODIATRIST	14	29	\$ 261.76	\$ 9.03	.017	\$ 18.70	\$.16
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	14	29	261.76	9.03	.017	18.70	.16
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	285	891	\$ 54,233.73	\$ 60.87	.529	\$ 190.29	\$ 32.22
HOSP INPATIENT TOTAL	19	11	34,672.26	3152.02	.007	1824.86	20.60
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	11	20,761.08	1887.37	.007	20761.08	12.34
ACCOMMODATIONS	1	11	6,633.76	603.07	.007	6633.76	3.94
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	11	6,633.76	603.07	.007	6633.76	3.94
ANCILLARIES	1	0	14,127.32	.00	.000	14127.32	8.39
INPATIENT CROSSOVERS	18	0	13,911.18	.00	.000	772.84	8.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	276	880	19,561.47	22.23	.523	70.87	11.62
MEDICAL	17	29	1,893.64	65.30	.017	111.39	1.13
SURGERY	2	2	86.90	43.45	.001	43.45	.05
PATHOLOGY	19	48	711.43	14.82	.029	37.44	.42

RADIOLOGY	5	9	1,464.27	162.70	.005	292.85	.87
ROOM USE	14	21	985.31	46.92	.012	70.38	.59
CROSSOVERS/ALL OTH OUTPTNT	252	771	14,419.92	18.70	.458	57.22	8.57
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

					----- MONTHLY AVERAGE -----			
1,683 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	285	891	\$ 54,233.73	\$ 60.87	.529	\$ 190.29	\$ 32.22	
COMM HOSP INPATIENT TOTAL	19	11	34,672.26	3152.02	.007	1824.86	20.60	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	1	11	20,761.08	1887.37	.007	20761.08	12.34	
ACCOMMODATIONS	1	11	6,633.76	603.07	.007	6633.76	3.94	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	11	6,633.76	603.07	.007	6633.76	3.94	
ANCILLARIES	1	0	14,127.32	.00	.000	14127.32	8.39	
INPATIENT CROSSOVERS	18	0	13,911.18	.00	.000	772.84	8.27	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	276	880	19,561.47	22.23	.523	70.87	11.62	
MEDICAL	17	29	1,893.64	65.30	.017	111.39	1.13	
SURGERY	2	2	86.90	43.45	.001	43.45	.05	
PATHOLOGY	19	48	711.43	14.82	.029	37.44	.42	
RADIOLOGY	5	9	1,464.27	162.70	.005	292.85	.87	
ROOM USE	14	21	985.31	46.92	.012	70.38	.59	
CROSSOVERS/ALL OTH OUTPTNT	252	771	14,419.92	18.70	.458	57.22	8.57	
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	5	144	\$ 18,527.71	\$ 128.66	.086	\$ 3705.54	\$ 11.01	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	5	144	18,527.71	128.66	.086	3705.54	11.01	
@INTERMEDIATE CARE FACIL.-DD	6	166	\$ 36,219.78	\$ 218.19	.099	\$ 6036.63	\$ 21.52	

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	6	166	36,219.78	218.19	.099	6036.63	21.52
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	13	27	2,763.91	102.37	.016	212.61	1.64
PATHOLOGY	4	4	91.78	22.95	.002	22.95	.05
XO AND OTHERS	9	23	2,672.13	116.18	.014	296.90	1.59
@ORGANIZED OUTPATIENT CLINIC	392	772	36,443.62	47.21	.459	92.97	21.65
CLINIC	12	15	1,004.85	66.99	.009	83.74	.60
SURGICENTER	1	1	198.92	198.92	.001	198.92	.12
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	380	756	35,239.85	46.61	.449	92.74	20.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
BUTTE COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C						

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1,683 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	276	12,314	\$ 88,105.75	\$ 7.15	7.317	\$ 319.22	\$ 52.35
DURABLE MED. EQUIP.	4	11	6,024.35	547.67	.007	1506.09	3.58
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	10	1,306.01	130.60	.006	145.11	.78
MEDICAL TRANSPORTATION	53	1,380	5,074.47	3.68	.820	95.74	3.02
AMBULANCES/AIR TRANS	8	44	1,015.44	23.08	.026	126.93	.60
OTHER TRANS	45	1,336	4,059.03	3.04	.794	90.20	2.41
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	16	1,981	59,356.65	29.96	1.177	3709.79	35.27
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	45	106	1,035.96	9.77	.063	23.02	.62
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	38	1,393.84	36.68	.023	126.71	.83
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	14	143.11	10.22	.008	71.56	.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	176	8,774	13,771.36	1.57	5.213	78.25	8.18
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	559	5,297	\$ 75,092.98	\$ 14.18	3.147	\$ 134.33	\$ 44.62

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,011
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,012
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 1,013

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,673 ELIGIBLES							
@TOTAL, ALL PROVIDERS	3,669	87,546	\$ 2,305,305.61	\$ 26.33	23.835	\$ 628.32	\$ 627.64
@PHYSICIANS SERVICES	696	2,535	\$ 24,988.10	\$ 9.86	.690	\$ 35.90	\$ 6.80
OUTPATIENT VISITS	7	8	279.50	34.94	.002	39.93	.08
OFFICE VISITS	7	8	279.50	34.94	.002	39.93	.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	9	480.96	53.44	.002	240.48	.13
HOSPITAL VISITS	2	9	480.96	53.44	.002	240.48	.13
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	138.44	46.15	.001	46.15	.04
EXAMINATIONS	3	3	138.44	46.15	.001	46.15	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2	123.79	61.90	.001	123.79	.03
PRINCIPAL SURGEON	1	2	123.79	61.90	.001	123.79	.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	33	896.57	27.17	.009	224.14	.24
PRINCIPAL SURGEON	2	3	503.72	167.91	.001	251.86	.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	30	392.85	13.10	.008	196.43	.11
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	8.08	8.08	.000	8.08	.00
RADIOLOGY	9	26	1,156.32	44.47	.007	128.48	.31
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	10.93	10.93	.000	10.93	.00
OTHER SERVICES/ALL X-OVERS	675	2,452	21,893.51	8.93	.668	32.43	5.96
@PHARMACY	3,205	59,439	\$ 1,703,824.43	\$ 28.67	16.183	\$ 531.61	\$ 463.88
PRESCRIPTION DRUGS	3,141	16,730	1,646,579.16	98.42	4.555	524.22	448.29
SNF/ICF	44	359	33,330.90	92.84	.098	757.52	9.07
OUTPATIENTS	3,102	16,371	1,613,248.26	98.54	4.457	520.07	439.22
MEDICAL SUPPLIES	431	42,709	57,245.27	1.34	11.628	132.82	15.59
@DENTIST	116	459	\$ 22,444.75	\$ 48.90	.125	\$ 193.49	\$ 6.11
VISITS - DIAGNOSTIC	71	252	3,309.00	13.13	.069	46.61	.90
ORAL SURGERY	14	46	2,330.75	50.67	.013	166.48	.63
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	13	12	1,227.00	102.25	.003	94.38	.33
ENDODONTICS	6	9	2,185.00	242.78	.002	364.17	.59
RESTORATIVE DENTISTRY	25	68	4,223.00	62.10	.019	168.92	1.15
PROSTHETICS	2	2	30.00	15.00	.001	15.00	.01

DENTURES, STAYPLATES	29	61	9,140.00	149.84	.017	315.17	2.49
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	9	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,014
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

						----- MONTHLY AVERAGE -----			
3,673 ELIGIBLES		USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	111	280	\$	4,781.31	\$ 17.08	.076	\$ 43.07	\$ 1.30	
DIAGNOSTIC AND ANC. PROCED	9	9		379.60	42.18	.002	42.18	.10	
EYE APPLIANCES	89	237		3,838.06	16.19	.065	43.12	1.04	
OTHER OPTOMETRIC SERVICES	23	34		563.65	16.58	.009	24.51	.15	
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.000	\$ 16.72	\$.00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	1	1		16.72	16.72	.000	16.72	.00	
@PODIATRIST	76	115	\$	709.04	\$ 6.17	.031	\$ 9.33	\$.19	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	76	115		709.04	6.17	.031	9.33	.19	
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	664	2,144	\$	122,427.40	\$ 57.10	.584	\$ 184.38	\$ 33.33	
HOSP INPATIENT TOTAL	72	11		79,758.35	7250.76	.003	1107.75	21.71	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	1	11		20,761.08	1887.37	.003	20761.08	5.65	
ACCOMMODATIONS	1	11		6,633.76	603.07	.003	6633.76	1.81	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	11		6,633.76	603.07	.003	6633.76	1.81	
ANCILLARIES	1	0		14,127.32	.00	.000	14127.32	3.85	
INPATIENT CROSSOVERS	71	0		58,997.27	.00	.000	830.95	16.06	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	639	2,133		42,669.05	20.00	.581	66.77	11.62	
MEDICAL	17	29		1,893.64	65.30	.008	111.39	.52	
SURGERY	2	2		86.90	43.45	.001	43.45	.02	
PATHOLOGY	30	61		881.58	14.45	.017	29.39	.24	
RADIOLOGY	5	9		1,464.27	162.70	.002	292.85	.40	
ROOM USE	14	21		985.31	46.92	.006	70.38	.27	
CROSSOVERS/ALL OTH OUTPTNT	606	2,011		37,357.35	18.58	.548	61.65	10.17	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,015
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	3,673 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	664		2,144	\$ 122,427.40	\$ 57.10	.584	\$ 184.38	\$ 33.33
COMM HOSP INPATIENT TOTAL	72		11	79,758.35	7250.76	.003	1107.75	21.71
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1		11	20,761.08	1887.37	.003	20761.08	5.65
ACCOMMODATIONS	1		11	6,633.76	603.07	.003	6633.76	1.81
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1		11	6,633.76	603.07	.003	6633.76	1.81
ANCILLARIES	1		0	14,127.32	.00	.000	14127.32	3.85
INPATIENT CROSSOVERS	71		0	58,997.27	.00	.000	830.95	16.06
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	639		2,133	42,669.05	20.00	.581	66.77	11.62
MEDICAL	17		29	1,893.64	65.30	.008	111.39	.52
SURGERY	2		2	86.90	43.45	.001	43.45	.02
PATHOLOGY	30		61	881.58	14.45	.017	29.39	.24
RADIOLOGY	5		9	1,464.27	162.70	.002	292.85	.40
ROOM USE	14		21	985.31	46.92	.006	70.38	.27

CROSSOVERS/ALL OTH OUTPTNT	606	2,011		37,357.35	18.58	.548	61.65	10.17
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	58	810	\$	136,057.48	167.97	.221	2345.82	37.04
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	58	810		136,057.48	167.97	.221	2345.82	37.04
@INTERMEDIATE CARE FACIL.-DD	6	166	\$	36,219.78	218.19	.045	6036.63	9.86
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	6	166		36,219.78	218.19	.045	6036.63	9.86
@HEMODIALYSIS TOTAL	8	12	\$	4,629.68	385.81	.003	578.71	1.26
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8	12		4,629.68	385.81	.003	578.71	1.26
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	18	33	\$	2,830.36	85.77	.009	157.24	.77
PATHOLOGY	6	6		133.97	22.33	.002	22.33	.04
XO AND OTHERS	12	27		2,696.39	99.87	.007	224.70	.73
@ORGANIZED OUTPATIENT CLINIC	650	1,247	\$	63,193.65	50.68	.340	97.22	17.20
CLINIC	21	31		1,781.27	57.46	.008	84.82	.48
SURGICENTER	1	1		198.92	198.92	.000	198.92	.05
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	629	1,215		61,213.46	50.38	.331	97.32	16.67

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,016
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

					----- MONTHLY AVERAGE -----			
3,673 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	817	20,305	\$ 183,182.91	\$ 9.02	5.528	\$ 224.21	\$ 49.87	
DURABLE MED. EQUIP.	24	38	7,658.77	201.55	.010	319.12	2.09	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	74	144	14,111.62	98.00	.039	190.70	3.84	
MEDICAL TRANSPORTATION	106	4,587	16,726.24	3.65	1.249	157.79	4.55	
AMBULANCES/AIR TRANS	12	50	1,448.90	28.98	.014	120.74	.39	
OTHER TRANS	95	4,536	15,265.48	3.37	1.235	160.69	4.16	
OTHER SERVICES	1	1	11.86	11.86	.000	11.86	.00	
ACUPUNCTURE	1	2	32.44	16.22	.001	32.44	.01	
ADULT DAY HEALTH CARE CTR	5	58	4,035.64	69.58	.016	807.13	1.10	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	100	2,907	107,481.19	36.97	.791	1074.81	29.26	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	96	225	2,394.71	10.64	.061	24.94	.65	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	3	5	1.90	.38	.001	.63	.00	
PROSTHETIST/ORTHOTISTS	4	16	739.18	46.20	.004	184.80	.20	
PROSTHETICS	4	16	739.18	46.20	.004	184.80	.20	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	15	48	1,832.47	38.18	.013	122.16	.50	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	14	143.11	10.22	.004	71.56	.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	532	12,261	28,025.64	2.29	3.338	52.68	7.63
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	\$.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,491	9,695	\$ 220,896.48	\$ 22.78	2.640	\$ 148.15	\$ 60.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 1,017

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

1,375 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,261	51,462	\$ 938,314.57	\$ 18.23	37.427	\$ 744.10	\$ 682.41
@PHYSICIANS SERVICES	244	690	\$ 11,342.91	\$ 16.44	.502	\$ 46.49	\$ 8.25
OUTPATIENT VISITS	6	7	438.19	62.60	.005	73.03	.32
OFFICE VISITS	3	3	69.35	23.12	.002	23.12	.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4	368.84	92.21	.003	122.95	.27
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	48.76	48.76	.001	48.76	.04
HOSPITAL VISITS	1	1	48.76	48.76	.001	48.76	.04
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	72.41	36.21	.001	36.21	.05
EXAMINATIONS	2	2	72.41	36.21	.001	36.21	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	4	7	116.70	16.67	.005	29.18	.08
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	237	673	10,666.85	15.85	.489	45.01	7.76
@PHARMACY	1,035	24,779	\$ 401,356.45	\$ 16.20	18.021	\$ 387.78	\$ 291.90
PRESCRIPTION DRUGS	1,007	5,631	389,656.17	69.20	4.095	386.95	283.39
SNF/ICF	54	569	41,129.57	72.28	.414	761.66	29.91
OUTPATIENTS	959	5,062	348,526.60	68.85	3.681	363.43	253.47
MEDICAL SUPPLIES	181	19,148	11,700.28	.61	13.926	64.64	8.51
@DENTIST	34	85	\$ 5,310.00	\$ 62.47	.062	\$ 156.18	\$ 3.86
VISITS - DIAGNOSTIC	17	41	719.00	17.54	.030	42.29	.52
ORAL SURGERY	6	7	430.00	61.43	.005	71.67	.31

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	173.00	86.50	.001	86.50	.13
ENDODONTICS	1	1	215.00	215.00	.001	215.00	.16
RESTORATIVE DENTISTRY	4	6	449.00	74.83	.004	112.25	.33
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	13	28	3,324.00	118.71	.020	255.69	2.42
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,018
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

1,375 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	26	61	\$ 1,368.41	\$ 22.43	.044	\$ 52.63	\$ 1.00
DIAGNOSTIC AND ANC. PROCED	4	4	209.45	52.36	.003	52.36	.15
EYE APPLIANCES	23	54	1,122.49	20.79	.039	48.80	.82
OTHER OPTOMETRIC SERVICES	3	3	36.47	12.16	.002	12.16	.03
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	69	113	\$ 1,135.07	\$ 10.04	.082	\$ 16.45	\$.83
MEDICINE/INJECTIONS	8	9	216.00	24.00	.007	27.00	.16
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	61	104	919.07	8.84	.076	15.07	.67
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	178	590	\$ 45,699.74	\$ 77.46	.429	\$ 256.74	\$ 33.24
HOSP INPATIENT TOTAL	38	3	37,250.75	12416.92	.002	980.28	27.09
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	8,892.16	2964.05	.002	8892.16	6.47
ACCOMMODATIONS	1	3	2,443.98	814.66	.002	2443.98	1.78
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	2,443.98	814.66	.002	2443.98	1.78
ANCILLARIES	1	0	6,448.18	.00	.000	6448.18	4.69
INPATIENT CROSSOVERS	37	0	28,358.59	.00	.000	766.45	20.62
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	166	587	8,448.99	14.39	.427	50.90	6.14
MEDICAL	2	7	201.31	28.76	.005	100.66	.15
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	13	39	512.23	13.13	.028	39.40	.37
RADIOLOGY	3	5	291.38	58.28	.004	97.13	.21
ROOM USE	4	3	102.22	34.07	.002	25.56	.07
CROSSOVERS/ALL OTH OUTPTNT	156	533	7,341.85	13.77	.388	47.06	5.34
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,019
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

1,375 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	178	590	\$ 45,699.74	\$ 77.46	.429	\$ 256.74	\$ 33.24	
COMM HOSP INPATIENT TOTAL	38	3	37,250.75	12416.92	.002	980.28	27.09	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	1	3	8,892.16	2964.05	.002	8892.16	6.47	
ACCOMMODATIONS	1	3	2,443.98	814.66	.002	2443.98	1.78	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	3	2,443.98	814.66	.002	2443.98	1.78	
ANCILLARIES	1	0	6,448.18	.00	.000	6448.18	4.69	
INPATIENT CROSSOVERS	37	0	28,358.59	.00	.000	766.45	20.62	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	166	587	8,448.99	14.39	.427	50.90	6.14	
MEDICAL	2	7	201.31	28.76	.005	100.66	.15	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	13	39	512.23	13.13	.028	39.40	.37	
RADIOLOGY	3	5	291.38	58.28	.004	97.13	.21	
ROOM USE	4	3	102.22	34.07	.002	25.56	.07	
CROSSOVERS/ALL OTH OUTPTNT	156	533	7,341.85	13.77	.388	47.06	5.34	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	98	1,780	\$ 262,153.05	\$ 147.28	1.295	\$ 2675.03	\$ 190.66	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	98	1,780	262,153.05	147.28	1.295	2675.03	190.66	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	16	25	\$ 12,573.00	\$ 502.92	.018	\$ 785.81	\$ 9.14	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	16	25	12,573.00	502.92	.018	785.81	9.14	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	28	\$	212.09	\$	7.57	.020	\$	23.57	\$	.15
PATHOLOGY	8	22		205.94		9.36	.016		25.74		.15
XO AND OTHERS	1	6		6.15		1.03	.004		6.15		.00
@ORGANIZED OUTPATIENT CLINIC	67	125	\$	11,901.07	\$	95.21	.091	\$	177.63	\$	8.66
CLINIC	2	1		74.65		74.65	.001		37.33		.05
SURGICENTER	1	1		10.00		10.00	.001		10.00		.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	64	123		11,816.42		96.07	.089		184.63		8.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 1,020
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED										AID CODE 18

1,375 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	536	23,186	\$ 185,262.78	\$ 7.99	16.863	\$ 345.64	\$ 134.74
DURABLE MED. EQUIP.	12	26	6,151.01	236.58	.019	512.58	4.47
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	37	63	4,653.14	73.86	.046	125.76	3.38
MEDICAL TRANSPORTATION	95	6,791	18,327.95	2.70	4.939	192.93	13.33
AMBULANCES/AIR TRANS	9	17	1,091.69	64.22	.012	121.30	.79
OTHER TRANS	83	6,744	16,802.12	2.49	4.905	202.44	12.22
OTHER SERVICES	10	30	434.14	14.47	.022	43.41	.32
ACUPUNCTURE	2	3	48.66	16.22	.002	24.33	.04
ADULT DAY HEALTH CARE CTR	60	898	62,498.67	69.60	.653	1041.64	45.45
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	138	1,296	74,304.88	57.33	.943	538.44	54.04
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	26	59	707.67	11.99	.043	27.22	.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	2	3	2.36	.79	.002	1.18	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	12	2,496.65	208.05	.009	499.33	1.82
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	282	14,035	16,071.79	1.15	10.207	56.99	11.69
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	605	2,546	136,023.65	53.43	1.852	224.83	98.93

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,021
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

163 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	157	2,448	\$ 69,991.43	\$ 28.59	15.018	\$ 445.81	\$ 429.40	
@PHYSICIANS SERVICES	35	128	\$ 1,856.49	\$ 14.50	.785	\$ 53.04	\$ 11.39	
OUTPATIENT VISITS	4	4	130.60	32.65	.025	32.65	.80	
OFFICE VISITS	4	4	130.60	32.65	.025	32.65	.80	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	3	3	122.02	40.67	.018	40.67	.75	
EXAMINATIONS	3	3	122.02	40.67	.018	40.67	.75	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	1	1	421.82	421.82	.006	421.82	2.59	
PRINCIPAL SURGEON	1	1	421.82	421.82	.006	421.82	2.59	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	1	1	21.60	21.60	.006	21.60	.13	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	27	119	1,160.45	9.75	.730	42.98	7.12	
@PHARMACY	126	1,807	\$ 41,840.28	\$ 23.15	11.086	\$ 332.07	\$ 256.69	
PRESCRIPTION DRUGS	113	566	38,722.32	68.41	3.472	342.68	237.56	

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	113	566	38,722.32	68.41	3.472	342.68	237.56
MEDICAL SUPPLIES	36	1,241	3,117.96	2.51	7.613	86.61	19.13
@DENTIST	3	29	\$ 789.00	\$ 27.21	.178	\$ 263.00	\$ 4.84
VISITS - DIAGNOSTIC	1	7	141.00	20.14	.043	141.00	.87
ORAL SURGERY	2	20	566.00	28.30	.123	283.00	3.47
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	2	82.00	41.00	.012	.00	.50
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
BUTTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND

PAGE 1,022
03/14/05

163 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 42.85	\$ 14.28	.018	\$ 42.85	\$.26
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	42.85	14.28	.018	42.85	.26
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 9.36	\$ 3.12	.018	\$ 3.12	\$.06
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	9.36	3.12	.018	3.12	.06
@HOME HEALTH AGENCY	2	61	\$ 1,858.09	\$ 30.46	.374	\$ 929.05	\$ 11.40
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	23	104	\$ 3,353.69	\$ 32.25	.638	\$ 145.81	\$ 20.57
HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	5.37
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	5.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	23	104	2,477.69	23.82	.638	107.73	15.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	62.00	62.00	.006	62.00	.38
PATHOLOGY	2	2	23.05	11.53	.012	11.53	.14

RADIOLOGY	1	1	69.24	69.24	.006	69.24	.42
ROOM USE	1	1	148.76	148.76	.006	148.76	.91
CROSSOVERS/ALL OTH OUTPTNT	19	99	2,174.64	21.97	.607	114.45	13.34
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,023
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

163 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	104	\$ 3,353.69	\$ 32.25	.638	\$ 145.81	\$ 20.57
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	5.37
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	5.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	23	104	2,477.69	23.82	.638	107.73	15.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	62.00	62.00	.006	62.00	.38
PATHOLOGY	2	2	23.05	11.53	.012	11.53	.14
RADIOLOGY	1	1	69.24	69.24	.006	69.24	.42
ROOM USE	1	1	148.76	148.76	.006	148.76	.91
CROSSOVERS/ALL OTH OUTPTNT	19	99	2,174.64	21.97	.607	114.45	13.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	11	13	\$	5,850.21	\$ 450.02	.080	\$ 531.84	\$ 35.89
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	11	13		5,850.21	450.02	.080	531.84	35.89
@REHABILITATION FACILITY	1	1	\$	21.19	\$ 21.19	.006	\$ 21.19	\$.13
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	1		21.19	21.19	.006	21.19	.13
@LABORATORY FACILITY	5	19	\$	172.70	\$ 9.09	.117	\$ 34.54	\$ 1.06
PATHOLOGY	4	17		165.47	9.73	.104	41.37	1.02
XO AND OTHERS	1	2		7.23	3.62	.012	7.23	.04
@ORGANIZED OUTPATIENT CLINIC	18	27	\$	1,507.22	\$ 55.82	.166	\$ 83.73	\$ 9.25
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	18	27		1,507.22	55.82	.166	83.73	9.25

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,024
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

163 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	51	253	\$ 12,690.35	\$ 50.16	1.552	\$ 248.83	\$ 77.85
DURABLE MED. EQUIP.	2	4	262.52	65.63	.025	131.26	1.61
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	16	1,194.81	74.68	.098	170.69	7.33
MEDICAL TRANSPORTATION	3	47	112.51	2.39	.288	37.50	.69
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	42	110.72	2.64	.258	55.36	.68
OTHER SERVICES	1	5	1.79	.36	.031	1.79	.01
ACUPUNCTURE	2	2	32.44	16.22	.012	16.22	.20
ADULT DAY HEALTH CARE CTR	5	75	5,218.50	69.58	.460	1043.70	32.02
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	14	49	5,325.78	108.69	.301	380.41	32.67
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	42.72	10.68	.025	21.36	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	56	501.07	8.95	.344	25.05	3.07
@CALIF. CHILDREN SERVICES*	2	2	\$ 194.92	\$ 97.46	.012	\$ 97.46	\$ 1.20
@XOVER EXCLUDING STATE HOSP**	58	299	\$ 10,674.06	\$ 35.70	1.834	\$ 184.04	\$ 65.49

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

						----- MONTHLY AVERAGE -----		
1,058 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,035	75,143	\$ 937,309.61	\$ 12.47	71.024	\$ 905.61	\$ 885.93	
@PHYSICIANS SERVICES	213	521	\$ 12,253.13	\$ 23.52	.492	\$ 57.53	\$ 11.58	
OUTPATIENT VISITS	28	32	1,122.37	35.07	.030	40.08	1.06	
OFFICE VISITS	24	26	916.83	35.26	.025	38.20	.87	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	6	6	205.54	34.26	.006	34.26	.19	
INPATIENT VISITS	3	8	396.10	49.51	.008	132.03	.37	
HOSPITAL VISITS	3	8	396.10	49.51	.008	132.03	.37	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	2	2	80.29	40.15	.002	40.15	.08	
EXAMINATIONS	2	2	80.29	40.15	.002	40.15	.08	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	7	20	540.77	27.04	.019	77.25	.51	
PRINCIPAL SURGEON	5	6	237.74	39.62	.006	47.55	.22	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	14	303.03	21.65	.013	151.52	.29	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	1	10.33	10.33	.001	10.33	.01	

RADIOLOGY	10	13		950.07		73.08	.012	95.01	.90
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	13		3,051.48		234.73	.012	1017.16	2.88
OTHER SERVICES/ALL X-OVERS	177	432		6,101.72		14.12	.408	34.47	5.77
@PHARMACY	858	48,633	\$	651,974.15	\$	13.41	45.967	\$ 759.88	\$ 616.23
PRESCRIPTION DRUGS	831	5,706		628,510.42		110.15	5.393	756.33	594.06
SNF/ICF	11	47		9,546.46		203.12	.044	867.86	9.02
OUTPATIENTS	822	5,659		618,963.96		109.38	5.349	753.00	585.03
MEDICAL SUPPLIES	237	42,927		23,463.73		.55	40.574	99.00	22.18
@DENTIST	18	104	\$	4,975.40	\$	47.84	.098	\$ 276.41	\$ 4.70
VISITS - DIAGNOSTIC	11	56		835.00		14.91	.053	75.91	.79
ORAL SURGERY	3	24		1,653.00		68.88	.023	551.00	1.56
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	18		1,442.40		80.13	.017	240.40	1.36
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		900.00		450.00	.002	900.00	.85
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2		70.00		35.00	.002	35.00	.07
ALL OTHER SERVICES	2	2		75.00		37.50	.002	37.50	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOPO24	FEE-FOR-SERVICE/DENTAL								
BUTTE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								
AID CODE 68									PAGE 1,026
									03/14/05

1,058 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	28	74	\$ 1,267.09	\$ 17.12	.070	\$ 45.25	\$ 1.20
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.004	47.45	.18
EYE APPLIANCES	22	62	950.02	15.32	.059	43.18	.90
OTHER OPTOMETRIC SERVICES	6	8	127.27	15.91	.008	21.21	.12
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	17	30	\$ 287.03	\$ 9.57	.028	\$ 16.88	\$.27
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	17	30	287.03	9.57	.028	16.88	.27
@HOME HEALTH AGENCY	4	6	\$ 404.43	\$ 67.41	.006	\$ 101.11	\$.38
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	2	\$ 48.37	\$ 24.19	.002	\$ 48.37	\$.05
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	237	1,065	\$ 44,730.04	\$ 42.00	1.007	\$ 188.73	\$ 42.28
HOSP INPATIENT TOTAL	22	3	21,857.18	7285.73	.003	993.51	20.66
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	3,256.89	1085.63	.003	3256.89	3.08
ACCOMMODATIONS	1	3	1,387.65	462.55	.003	1387.65	1.31
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,387.65	462.55	.003	1387.65	1.31
ANCILLARIES	1	0	1,869.24	.00	.000	1869.24	1.77

INPATIENT CROSSOVERS	21	0	18,600.29	.00	.000	885.73	17.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	229	1,062	22,872.86	21.54	1.004	99.88	21.62
MEDICAL	13	19	1,141.00	60.05	.018	87.77	1.08
SURGERY	3	3	91.14	30.38	.003	30.38	.09
PATHOLOGY	27	57	1,044.56	18.33	.054	38.69	.99
RADIOLOGY	1	1	23.24	23.24	.001	23.24	.02
ROOM USE	18	27	1,196.33	44.31	.026	66.46	1.13
CROSSOVERS/ALL OTH OUTPTNT	195	955	19,376.59	20.29	.903	99.37	18.31
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,027
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

1,058 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	237	1,065	\$ 44,730.04	\$ 42.00	1.007	\$ 188.73	\$ 42.28
COMM HOSP INPATIENT TOTAL	22	3	21,857.18	7285.73	.003	993.51	20.66
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	3,256.89	1085.63	.003	3256.89	3.08
ACCOMMODATIONS	1	3	1,387.65	462.55	.003	1387.65	1.31
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,387.65	462.55	.003	1387.65	1.31
ANCILLARIES	1	0	1,869.24	.00	.000	1869.24	1.77
INPATIENT CROSSOVERS	21	0	18,600.29	.00	.000	885.73	17.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	229	1,062	22,872.86	21.54	1.004	99.88	21.62
MEDICAL	13	19	1,141.00	60.05	.018	87.77	1.08
SURGERY	3	3	91.14	30.38	.003	30.38	.09
PATHOLOGY	27	57	1,044.56	18.33	.054	38.69	.99
RADIOLOGY	1	1	23.24	23.24	.001	23.24	.02
ROOM USE	18	27	1,196.33	44.31	.026	66.46	1.13
CROSSOVERS/ALL OTH OUTPTNT	195	955	19,376.59	20.29	.903	99.37	18.31
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	7	168	\$ 21,844.80	\$ 130.03	.159	\$ 3120.69	\$ 20.65
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	7	168		21,844.80		130.03	.159	3120.69	20.65
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	7	\$	2,761.95	\$	394.56	.007	394.56	2.61
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	7	7		2,761.95		394.56	.007	394.56	2.61
@REHABILITATION FACILITY	7	82	\$	1,423.34	\$	17.36	.078	203.33	1.35
HOSPITAL BASED	1	4		82.82		20.71	.004	82.82	.08
INDEPENDENT FACILITY	6	78		1,340.52		17.19	.074	223.42	1.27
@LABORATORY FACILITY	9	16	\$	253.38	\$	15.84	.015	28.15	.24
PATHOLOGY	8	15		249.53		16.64	.014	31.19	.24
XO AND OTHERS	1	1		3.85		3.85	.001	3.85	.00
@ORGANIZED OUTPATIENT CLINIC	208	443	\$	21,817.73	\$	49.25	.419	104.89	20.62
CLINIC	6	9		563.50		62.61	.009	93.92	.53
SURGICENTER	1	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	202	434		21,254.23		48.97	.410	105.22	20.09

#CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

AID CODE 68

PAGE 1,028 03/14/05

1,058 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	390	23,992	\$ 173,268.77	\$ 7.22	22.677	\$ 444.28	\$ 163.77
DURABLE MED. EQUIP.	15	49	13,723.09	280.06	.046	914.87	12.97
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	7	175.00	25.00	.007	43.75	.17
MEDICAL TRANSPORTATION	102	5,110	20,537.26	4.02	4.830	201.35	19.41
AMBULANCES/AIR TRANS	9	24	1,071.98	44.67	.023	119.11	1.01
OTHER TRANS	92	5,068	19,033.84	3.76	4.790	206.89	17.99
OTHER SERVICES	7	18	431.44	23.97	.017	61.63	.41
ACUPUNCTURE	2	3	59.47	19.82	.003	29.74	.06
ADULT DAY HEALTH CARE CTR	21	168	11,689.44	69.58	.159	556.64	11.05
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	62	4,273	112,797.38	26.40	4.039	1819.31	106.61
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	28	65	683.49	10.52	.061	24.41	.65
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	5	817.82	163.56	.005	408.91	.77
PROSTHETICS	2	5	817.82	163.56	.005	408.91	.77
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	7	295.19	42.17	.007	98.40	.28
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	245	14,305		12,490.63		.87	13.521	50.98	11.81
@CALIF. CHILDREN SERVICES*	17	153	\$	8,225.06	\$	53.76	.145	\$ 483.83	\$ 7.77
@XOVER EXCLUDING STATE HOSP**	459	15,491	\$	60,748.99	\$	3.92	14.642	\$ 132.35	\$ 57.42

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 1,029

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,596 ELIGIBLES							
@TOTAL, ALL PROVIDERS	2,453	129,053	\$ 1,945,615.61	\$ 15.08	49.712	\$ 793.16	\$ 749.47
@PHYSICIANS SERVICES	492	1,339	\$ 25,452.53	\$ 19.01	.516	\$ 51.73	\$ 9.80
OUTPATIENT VISITS	38	43	1,691.16	39.33	.017	44.50	.65
OFFICE VISITS	31	33	1,116.78	33.84	.013	36.03	.43
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4	368.84	92.21	.002	122.95	.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	6	205.54	34.26	.002	34.26	.08
INPATIENT VISITS	4	9	444.86	49.43	.003	111.22	.17
HOSPITAL VISITS	4	9	444.86	49.43	.003	111.22	.17
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	7	274.72	39.25	.003	39.25	.11
EXAMINATIONS	7	7	274.72	39.25	.003	39.25	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	8	21	962.59	45.84	.008	120.32	.37
PRINCIPAL SURGEON	6	7	659.56	94.22	.003	109.93	.25
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14	303.03	21.65	.005	151.52	.12
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	10.33	10.33	.000	10.33	.00
RADIOLOGY	15	21	1,088.37	51.83	.008	72.56	.42
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	13	3,051.48	234.73	.005	1017.16	1.18
OTHER SERVICES/ALL X-OVERS	441	1,224	17,929.02	14.65	.471	40.66	6.91
@PHARMACY	2,019	75,219	\$ 1,095,170.88	\$ 14.56	28.975	\$ 542.43	\$ 421.87
PRESCRIPTION DRUGS	1,951	11,903	1,056,888.91	88.79	4.585	541.72	407.12
SNF/ICF	65	616	50,676.03	82.27	.237	779.63	19.52
OUTPATIENTS	1,894	11,287	1,006,212.88	89.15	4.348	531.26	387.60
MEDICAL SUPPLIES	454	63,316	38,281.97	.60	24.390	84.32	14.75
@DENTIST	55	218	\$ 11,074.40	\$ 50.80	.084	\$ 201.35	\$ 4.27
VISITS - DIAGNOSTIC	29	104	1,695.00	16.30	.040	58.45	.65
ORAL SURGERY	11	51	2,649.00	51.94	.020	240.82	1.02
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	173.00	86.50	.001	86.50	.07
ENDODONTICS	1	1	215.00	215.00	.000	215.00	.08
RESTORATIVE DENTISTRY	10	26	1,973.40	75.90	.010	197.34	.76
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	14	30	4,224.00	140.80	.012	301.71	1.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	70.00	35.00	.001	35.00	.03
ALL OTHER SERVICES	4	2	75.00	37.50	.001	18.75	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,030
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	2,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	55	138	\$	2,678.35	\$ 19.41	.053	\$ 48.70	\$ 1.03
DIAGNOSTIC AND ANC. PROCED	8	8		399.25	49.91	.003	49.91	.15
EYE APPLIANCES	46	119		2,115.36	17.78	.046	45.99	.81
OTHER OPTOMETRIC SERVICES	9	11		163.74	14.89	.004	18.19	.06
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	89	146	\$	1,431.46	\$ 9.80	.056	\$ 16.08	\$.55
MEDICINE/INJECTIONS	8	9		216.00	24.00	.003	27.00	.08
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	81	137		1,215.46	8.87	.053	15.01	.47
@HOME HEALTH AGENCY	6	67	\$	2,262.52	\$ 33.77	.026	\$ 377.09	\$.87
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	2	\$	48.37	\$ 24.19	.001	\$ 48.37	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	438	1,759	\$	93,783.47	\$ 53.32	.678	\$ 214.12	\$ 36.13
HOSP INPATIENT TOTAL	61	6		59,983.93	9997.32	.002	983.34	23.11
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	2	6	12,149.05	2024.84	.002	6074.53	4.68
ACCOMMODATIONS	2	6	3,831.63	638.61	.002	1915.82	1.48
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	3,831.63	638.61	.002	1915.82	1.48
ANCILLARIES	2	0	8,317.42	.00	.000	4158.71	3.20
INPATIENT CROSSOVERS	59	0	47,834.88	.00	.000	810.76	18.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	418	1,753	33,799.54	19.28	.675	80.86	13.02
MEDICAL	15	26	1,342.31	51.63	.010	89.49	.52
SURGERY	4	4	153.14	38.29	.002	38.29	.06
PATHOLOGY	42	98	1,579.84	16.12	.038	37.62	.61
RADIOLOGY	5	7	383.86	54.84	.003	76.77	.15
ROOM USE	23	31	1,447.31	46.69	.012	62.93	.56
CROSSOVERS/ALL OTH OUTPTNT	370	1,587	28,893.08	18.21	.611	78.09	11.13
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,031
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

2,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	438	1,759	\$ 93,783.47	\$ 53.32	.678	\$ 214.12	\$ 36.13
COMM HOSP INPATIENT TOTAL	61	6	59,983.93	9997.32	.002	983.34	23.11
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	6	12,149.05	2024.84	.002	6074.53	4.68
ACCOMMODATIONS	2	6	3,831.63	638.61	.002	1915.82	1.48
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	3,831.63	638.61	.002	1915.82	1.48
ANCILLARIES	2	0	8,317.42	.00	.000	4158.71	3.20
INPATIENT CROSSOVERS	59	0	47,834.88	.00	.000	810.76	18.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	418	1,753	33,799.54	19.28	.675	80.86	13.02
MEDICAL	15	26	1,342.31	51.63	.010	89.49	.52
SURGERY	4	4	153.14	38.29	.002	38.29	.06
PATHOLOGY	42	98	1,579.84	16.12	.038	37.62	.61
RADIOLOGY	5	7	383.86	54.84	.003	76.77	.15
ROOM USE	23	31	1,447.31	46.69	.012	62.93	.56

CROSSOVERS/ALL OTH OUTPTNT	370	1,587		28,893.08	18.21	.611	78.09	11.13
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	105	1,948	\$	283,997.85	\$ 145.79	.750	\$ 2704.74	\$ 109.40
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	105	1,948		283,997.85	145.79	.750	2704.74	109.40
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	34	45	\$	21,185.16	\$ 470.78	.017	\$ 623.09	\$ 8.16
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	34	45		21,185.16	470.78	.017	623.09	8.16
@REHABILITATION FACILITY	8	83	\$	1,444.53	\$ 17.40	.032	\$ 180.57	\$.56
HOSPITAL BASED	1	4		82.82	20.71	.002	82.82	.03
INDEPENDENT FACILITY	7	79		1,361.71	17.24	.030	194.53	.52
@LABORATORY FACILITY	23	63	\$	638.17	\$ 10.13	.024	\$ 27.75	\$.25
PATHOLOGY	20	54		620.94	11.50	.021	31.05	.24
XO AND OTHERS	3	9		17.23	1.91	.003	5.74	.01
@ORGANIZED OUTPATIENT CLINIC	293	595	\$	35,226.02	\$ 59.20	.229	\$ 120.23	\$ 13.57
CLINIC	8	10		638.15	63.82	.004	79.77	.25
SURGICENTER	2	1		10.00	10.00	.000	5.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	284	584		34,577.87	59.21	.225	121.75	13.32
#CALIF DEPT OF HEALTH SERV								
MOP024								
BUTTE COUNTY								

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				----- MONTHLY AVERAGE -----				
2,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	977	47,431	\$ 371,221.90	\$ 7.83	18.271	\$ 379.96	\$ 143.00	
DURABLE MED. EQUIP.	29	79	20,136.62	254.89	.030	694.37	7.76	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	48	86	6,022.95	70.03	.033	125.48	2.32	
MEDICAL TRANSPORTATION	200	11,948	38,977.72	3.26	4.602	194.89	15.01	
AMBULANCES/AIR TRANS	18	41	2,163.67	52.77	.016	120.20	.83	
OTHER TRANS	177	11,854	35,946.68	3.03	4.566	203.09	13.85	
OTHER SERVICES	18	53	867.37	16.37	.020	48.19	.33	
ACUPUNCTURE	6	8	140.57	17.57	.003	23.43	.05	
ADULT DAY HEALTH CARE CTR	86	1,141	79,406.61	69.59	.440	923.33	30.59	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	214	5,618	192,428.04	34.25	2.164	899.20	74.12	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	56	128	1,433.88	11.20	.049	25.61	.55	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	2	3	2.36	.79	.001	1.18	.00	
PROSTHETIST/ORTHOTISTS	2	5	817.82	163.56	.002	408.91	.32	
PROSTHETICS	2	5	817.82	163.56	.002	408.91	.32	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	8	19	2,791.84	146.94	.007	348.98	1.08	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	547	28,396	29,063.49	1.02	10.938	53.13	11.20
@CALIF. CHILDREN SERVICES*	19	155	\$ 8,419.98	\$ 54.32	\$.060	\$ 443.16	\$ 3.24
@XOVER EXCLUDING STATE HOSP**	1,122	18,336	\$ 207,446.70	\$ 11.31	7.063	\$ 184.89	\$ 79.91

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

17,520 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,827	323,805	\$ 8,152,081.32	\$ 25.18	18.482	\$ 549.81	\$ 465.30
@PHYSICIANS SERVICES	2,914	10,962	\$ 129,594.97	\$ 11.82	.626	\$ 44.47	\$ 7.40
OUTPATIENT VISITS	37	52	1,870.27	35.97	.003	50.55	.11
OFFICE VISITS	33	47	1,393.35	29.65	.003	42.22	.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	5	476.92	95.38	.000	119.23	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	8	16	732.09	45.76	.001	91.51	.04
HOSPITAL VISITS	6	12	622.09	51.84	.001	103.68	.04
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	4	110.00	27.50	.000	55.00	.01
OPHTHALMOLOGICAL SERVICES	7	7	227.75	32.54	.000	32.54	.01
EXAMINATIONS	7	7	227.75	32.54	.000	32.54	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	15	129.07	8.60	.001	64.54	.01
PRINCIPAL SURGEON	1	1	42.07	42.07	.000	42.07	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	14	87.00	6.21	.001	87.00	.00
OUTPATIENT SURGERY	12	93	4,971.85	53.46	.005	414.32	.28
PRINCIPAL SURGEON	10	19	3,957.67	208.30	.001	395.77	.23
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	74	1,014.18	13.71	.004	202.84	.06
DIALYSIS	8	8	1,800.32	225.04	.000	225.04	.10
PATHOLOGY	5	7	23.87	3.41	.000	4.77	.00
RADIOLOGY	30	47	2,002.44	42.61	.003	66.75	.11
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	5	46.31	9.26	.000	11.58	.00
OTHER SERVICES/ALL X-OVERS	2,844	10,712	117,791.00	11.00	.611	41.42	6.72
@PHARMACY	12,580	191,617	\$ 4,293,997.17	\$ 22.41	10.937	\$ 341.34	\$ 245.09
PRESCRIPTION DRUGS	12,333	55,279	4,161,397.49	75.28	3.155	337.42	237.52
SNF/ICF	410	3,282	230,188.21	70.14	.187	561.43	13.14
OUTPATIENTS	11,951	51,997	3,931,209.28	75.60	2.968	328.94	224.38
MEDICAL SUPPLIES	1,661	136,338	132,599.68	.97	7.782	79.83	7.57
@DENTIST	431	1,494	\$ 73,276.65	\$ 49.05	.085	\$ 170.02	\$ 4.18
VISITS - DIAGNOSTIC	270	914	11,522.55	12.61	.052	42.68	.66
ORAL SURGERY	68	160	8,392.50	52.45	.009	123.42	.48

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	24	26	2,391.00	91.96	.001	99.63	.14
ENDODONTICS	17	18	3,995.00	221.94	.001	235.00	.23
RESTORATIVE DENTISTRY	99	194	13,291.60	68.51	.011	134.26	.76
PROSTHETICS	3	3	140.00	46.67	.000	46.67	.01
DENTURES, STAYPLATES	100	188	33,544.00	178.43	.011	335.44	1.91
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	9CR	.00	.00	.001CR	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,034
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

17,520 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	408	1,009	\$ 18,558.29	\$ 18.39	.058	\$ 45.49	\$ 1.06
DIAGNOSTIC AND ANC. PROCED	29	30	1,163.85	38.80	.002	40.13	.07
EYE APPLIANCES	312	828	14,309.33	17.28	.047	45.86	.82
OTHER OPTOMETRIC SERVICES	108	151	3,085.11	20.43	.009	28.57	.18
@CHIROPRACTOR	9	11	\$ 98.97	\$ 9.00	.001	\$ 11.00	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	9	11	98.97	9.00	.001	11.00	.01
@PODIATRIST	361	489	\$ 4,203.55	\$ 8.60	.028	\$ 11.64	\$.24
MEDICINE/INJECTIONS	9	11	261.40	23.76	.001	29.04	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	352	478	3,942.15	8.25	.027	11.20	.23
@HOME HEALTH AGENCY	3	17	\$ 1,140.62	\$ 67.10	.001	\$ 380.21	\$.07
NURSE ANESTHESIST	3	30	201.49	6.72	.002	67.16	.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	5	11	230.83	20.98	.001	46.17	.01
@TOTAL HOSPITAL	2,417	8,613	\$ 965,467.65	\$ 112.09	.492	\$ 399.45	\$ 55.11
HOSP INPATIENT TOTAL	357	421	810,464.02	1925.09	.024	2270.21	46.26
HSC HOSPITALS	3	20	20,961.49	1048.07	.001	6987.16	1.20
NON-HSC HOSPITAL TOTAL	57	401	542,578.88	1353.06	.023	9518.93	30.97
ACCOMMODATIONS	57	401	200,370.64	499.68	.023	3515.27	11.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	57	401	200,370.64	499.68	.023	3515.27	11.44
ANCILLARIES	57	0	342,208.24	.00	.000	6003.65	19.53
INPATIENT CROSSOVERS	297	0	246,923.65	.00	.000	831.39	14.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,281	8,192	155,003.63	18.92	.468	67.95	8.85
MEDICAL	24	56	2,798.00	49.96	.003	116.58	.16
SURGERY	8	11	1,075.29	97.75	.001	134.41	.06
PATHOLOGY	100	232	3,019.52	13.02	.013	30.20	.17
RADIOLOGY	15	30	3,397.39	113.25	.002	226.49	.19
ROOM USE	27	43	2,481.47	57.71	.002	91.91	.14
CROSSOVERS/ALL OTH OUTPTNT	2,201	7,820	142,231.96	18.19	.446	64.62	8.12
@COUNTY HOSPITAL TOTAL	5	21	\$ 280.93	\$ 13.38	.001	\$ 56.19	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	21	280.93	13.38	.001	56.19	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	21	280.93	13.38	.001	56.19	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,035
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
17,520 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	2,413	8,592	\$ 965,186.72	\$ 112.34	.490	\$ 399.99	\$ 55.09	
COMM HOSP INPATIENT TOTAL	357	421	810,464.02	1925.09	.024	2270.21	46.26	
HSC HOSPITALS	3	20	20,961.49	1048.07	.001	6987.16	1.20	
NON-HSC HOSPITALS TOTAL	57	401	542,578.88	1353.06	.023	9518.93	30.97	
ACCOMMODATIONS	57	401	200,370.64	499.68	.023	3515.27	11.44	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	57	401	200,370.64	499.68	.023	3515.27	11.44	
ANCILLARIES	57	0	342,208.24	.00	.000	6003.65	19.53	
INPATIENT CROSSOVERS	297	0	246,923.65	.00	.000	831.39	14.09	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	2,277	8,171	154,722.70	18.94	.466	67.95	8.83
MEDICAL	24	56	2,798.00	49.96	.003	116.58	.16
SURGERY	8	11	1,075.29	97.75	.001	134.41	.06
PATHOLOGY	100	232	3,019.52	13.02	.013	30.20	.17
RADIOLOGY	15	30	3,397.39	113.25	.002	226.49	.19
ROOM USE	27	43	2,481.47	57.71	.002	91.91	.14
CROSSOVERS/ALL OTH OUTPTNT	2,197	7,799	141,951.03	18.20	.445	64.61	8.10
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	555	11,140	1,645,407.40	147.70	.636	2964.70	93.92
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	555	11,140	1,645,407.40	147.70	.636	2964.70	93.92
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	74	347	53,322.00	153.67	.020	720.57	3.04
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	74	347	53,322.00	153.67	.020	720.57	3.04
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	62	217	2,303.48	10.62	.012	37.15	.13
PATHOLOGY	49	190	2,133.35	11.23	.011	43.54	.12
XO AND OTHERS	13	27	170.13	6.30	.002	13.09	.01
@ORGANIZED OUTPATIENT CLINIC	2,139	3,733	178,804.85	47.90	.213	83.59	10.21
CLINIC	46	108	4,878.19	45.17	.006	106.05	.28
SURGICENTER	18	17	2,854.64	167.92	.001	158.59	.16
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,081	3,608	171,072.02	47.41	.206	82.21	9.76

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,036
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	17,520 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,387	94,115	\$	785,473.40	\$ 8.35	5.372	\$ 231.91	\$ 44.83
DURABLE MED. EQUIP.	89	212		25,361.29	119.63	.012	284.96	1.45
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	320	561		47,352.25	84.41	.032	147.98	2.70
MEDICAL TRANSPORTATION	473	25,913		92,666.40	3.58	1.479	195.91	5.29
AMBULANCES/AIR TRANS	41	63		4,921.52	78.12	.004	120.04	.28
OTHER TRANS	418	25,632		86,456.28	3.37	1.463	206.83	4.93
OTHER SERVICES	45	218		1,288.60	5.91	.012	28.64	.07
ACUPUNCTURE	24	57		978.59	17.17	.003	40.77	.06
ADULT DAY HEALTH CARE CTR	235	3,205		223,082.37	69.60	.183	949.29	12.73
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	499	4,680		263,608.03	56.33	.267	528.27	15.05
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	370	847		9,978.83	11.78	.048	26.97	.57
PHYSICAL THERAPIST	1	6		7.62	1.27	.000	7.62	.00

PORTABLE X-RAY	11	15	8.58	.57	.001	.78	.00
PROSTHETIST/ORTHOTISTS	8	52	986.25	18.97	.003	123.28	.06
PROSTHETICS	8	52	986.25	18.97	.003	123.28	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	38	78	11,323.20	145.17	.004	297.98	.65
HOSPICE SERVICES	11	231	25,739.40	111.43	.013	2339.95	1.47
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,968	58,258	84,380.59	1.45	3.325	42.88	4.82
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	6,099	45,605	\$ 984,680.91	\$ 21.59	2.603	\$ 161.45	\$ 56.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

2,882 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,385	123,672	\$ 2,361,212.31	\$ 19.09	42.912	\$ 990.03	\$ 819.30
@PHYSICIANS SERVICES	646	3,135	\$ 59,099.55	\$ 18.85	1.088	\$ 91.49	\$ 20.51
OUTPATIENT VISITS	209	314	11,554.39	36.80	.109	55.28	4.01
OFFICE VISITS	169	251	8,027.67	31.98	.087	47.50	2.79
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	34	53	3,222.36	60.80	.018	94.78	1.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	10	10	304.36	30.44	.003	30.44	.11
INPATIENT VISITS	44	122	4,861.06	39.84	.042	110.48	1.69
HOSPITAL VISITS	24	92	4,015.96	43.65	.032	167.33	1.39
CRITICAL CARE	2	3	364.80	121.60	.001	182.40	.13
SNF/ICF/TRANS IP CARE	20	27	480.30	17.79	.009	24.02	.17
OPHTHALMOLOGICAL SERVICES	29	30	1,178.67	39.29	.010	40.64	.41
EXAMINATIONS	29	30	1,178.67	39.29	.010	40.64	.41
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	54	4,910.06	90.93	.019	613.76	1.70
PRINCIPAL SURGEON	6	23	4,423.35	192.32	.008	737.23	1.53
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	31	486.71	15.70	.011	162.24	.17
OUTPATIENT SURGERY	44	191	11,706.50	61.29	.066	266.06	4.06
PRINCIPAL SURGEON	33	42	9,013.35	214.60	.015	273.13	3.13
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	15	149	2,693.15	18.07	.052	179.54	.93
DIALYSIS	10	15	3,207.16	213.81	.005	320.72	1.11
PATHOLOGY	17	28	712.26	25.44	.010	41.90	.25
RADIOLOGY	124	217	5,495.65	25.33	.075	44.32	1.91
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	1,156	1,781.70	1.54	.401	178.17	.62
OTHER SERVICES/ALL X-OVERS	338	1,008	13,692.10	13.58	.350	40.51	4.75
@PHARMACY	1,898	55,788	\$ 938,051.65	\$ 16.81	19.357	\$ 494.23	\$ 325.49
PRESCRIPTION DRUGS	1,835	9,670	868,044.50	89.77	3.355	473.05	301.20

SNF/ICF	65	462		23,997.58		51.94	.160	369.19	8.33
OUTPATIENTS	1,772	9,208		844,046.92		91.66	3.195	476.32	292.87
MEDICAL SUPPLIES	428	46,118		70,007.15		1.52	16.002	163.57	24.29
@DENTIST	92	482	\$	15,930.95	\$	33.05	.167	173.16	5.53
VISITS - DIAGNOSTIC	72	297		3,898.85		13.13	.103	54.15	1.35
ORAL SURGERY	14	43		1,932.10		44.93	.015	138.01	.67
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	8	13		1,254.00		96.46	.005	156.75	.44
ENDODONTICS	7	8		2,270.00		283.75	.003	324.29	.79
RESTORATIVE DENTISTRY	28	75		3,878.00		51.71	.026	138.50	1.35
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	9	38		2,698.00		71.00	.013	299.78	.94
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	3	7		.00		.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,038
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

2,882 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	55	123	\$ 4,873.11	\$ 39.62	.043	\$ 88.60	\$ 1.69
DIAGNOSTIC AND ANC. PROCED	21	22	1,043.03	47.41	.008	49.67	.36
EYE APPLIANCES	33	87	3,609.82	41.49	.030	109.39	1.25
OTHER OPTOMETRIC SERVICES	9	14	220.26	15.73	.005	24.47	.08
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	49	56	\$ 864.41	\$ 15.44	.019	\$ 17.64	\$.30
MEDICINE/INJECTIONS	12	13	415.90	31.99	.005	34.66	.14
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	3	51.90	17.30	.001	25.95	.02
OTHER	37	40	396.61	9.92	.014	10.72	.14
@HOME HEALTH AGENCY	22	818	\$ 22,004.88	\$ 26.90	.284	\$ 1000.22	\$ 7.64
NURSE ANESTHESIST	3	23	199.78	8.69	.008	66.59	.07
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	14	26	522.32	20.09	.009	37.31	.18
@TOTAL HOSPITAL	555	2,847	\$ 420,670.30	\$ 147.76	.988	\$ 757.96	\$ 145.96
HOSP INPATIENT TOTAL	55	161	350,683.46	2178.16	.056	6376.06	121.68
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	30	161	328,257.09	2038.86	.056	10941.90	113.90
ACCOMMODATIONS	30	161	101,080.92	627.83	.056	3369.36	35.07
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	30	161	101,080.92	627.83	.056	3369.36	35.07
ANCILLARIES	30	0	227,176.17	.00	.000	7572.54	78.83
INPATIENT CROSSOVERS	25	0	22,426.37	.00	.000	897.05	7.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	536	2,686	69,986.84	26.06	.932	130.57	24.28
MEDICAL	150	333	16,745.28	50.29	.116	111.64	5.81
SURGERY	31	36	2,048.48	56.90	.012	66.08	.71
PATHOLOGY	143	546	7,358.95	13.48	.189	51.46	2.55

RADIOLOGY	83	122		8,321.41	68.21	.042	100.26	2.89
ROOM USE	151	348		14,446.47	41.51	.121	95.67	5.01
CROSSOVERS/ALL OTH OUTPTNT	324	1,301		21,066.25	16.19	.451	65.02	7.31
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,039
MPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

	2,882 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	555	2,847	\$	420,670.30	\$ 147.76	.988	\$ 757.96	\$ 145.96
COMM HOSP INPATIENT TOTAL	55	161		350,683.46	2178.16	.056	6376.06	121.68
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	30	161		328,257.09	2038.86	.056	10941.90	113.90
ACCOMMODATIONS	30	161		101,080.92	627.83	.056	3369.36	35.07
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	30	161		101,080.92	627.83	.056	3369.36	35.07
ANCILLARIES	30	0		227,176.17	.00	.000	7572.54	78.83
INPATIENT CROSSOVERS	25	0		22,426.37	.00	.000	897.05	7.78
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	536	2,686		69,986.84	26.06	.932	130.57	24.28
MEDICAL	150	333		16,745.28	50.29	.116	111.64	5.81
SURGERY	31	36		2,048.48	56.90	.012	66.08	.71
PATHOLOGY	143	546		7,358.95	13.48	.189	51.46	2.55
RADIOLOGY	83	122		8,321.41	68.21	.042	100.26	2.89
ROOM USE	151	348		14,446.47	41.51	.121	95.67	5.01
CROSSOVERS/ALL OTH OUTPTNT	324	1,301		21,066.25	16.19	.451	65.02	7.31
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	59	1,356	\$	194,132.76	\$ 143.17	.471	\$ 3290.39	\$ 67.36
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	59	1,356		194,132.76	143.17	.471	3290.39	67.36
@INTERMEDIATE CARE FACIL.-DD	59	1,729	\$	348,756.77	\$ 201.71	.600	\$ 5911.13	\$ 121.01

ICF DDH	12	313		53,573.17		171.16	.109	4464.43		18.59
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	47	1,416		295,183.60		208.46	.491	6280.50		102.42
@HEMODIALYSIS TOTAL	58	2,652	\$	64,141.83	\$	24.19	.920	1105.89	\$	22.26
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	58	2,652		64,141.83		24.19	.920	1105.89		22.26
@REHABILITATION FACILITY	39	385	\$	6,493.76	\$	16.87	.134	166.51	\$	2.25
HOSPITAL BASED	7	32		787.40		24.61	.011	112.49		.27
INDEPENDENT FACILITY	32	353		5,706.36		16.17	.122	178.32		1.98
@LABORATORY FACILITY	87	363	\$	5,186.31	\$	14.29	.126	59.61	\$	1.80
PATHOLOGY	83	355		5,157.71		14.53	.123	62.14		1.79
XO AND OTHERS	4	8		28.60		3.58	.003	7.15		.01
@ORGANIZED OUTPATIENT CLINIC	500	961	\$	101,296.39	\$	105.41	.333	202.59	\$	35.15
CLINIC	16	46		2,967.18		64.50	.016	185.45		1.03
SURGICENTER	5	23		1,255.97		54.61	.008	251.19		.44
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	481	892		97,073.24		108.83	.310	201.82		33.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									
MOP024	FEE-FOR-SERVICE/DENTAL									
BUTTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND									

PAGE 1,040
03/14/05

	2,882 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	554	52,928	\$	178,987.54	\$ 3.38	18.365	\$ 323.08	\$ 62.11
DURABLE MED. EQUIP.	39	127		28,338.12	223.13	.044	726.62	9.83
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	57	112		9,376.48	83.72	.039	164.50	3.25
MEDICAL TRANSPORTATION	127	5,819		28,776.22	4.95	2.019	226.58	9.98
AMBULANCES/AIR TRANS	40	252		5,297.09	21.02	.087	132.43	1.84
OTHER TRANS	90	5,532		23,436.97	4.24	1.920	260.41	8.13
OTHER SERVICES	4	35		42.16	1.20	.012	10.54	.01
ACUPUNCTURE	2	2		32.44	16.22	.001	16.22	.01

ADULT DAY HEALTH CARE CTR	13	227	15,794.66	69.58	.079	1214.97	5.48
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	80	1,627	59,581.33	36.62	.565	744.77	20.67
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	39	88	3,946.31	44.84	.031	101.19	1.37
PHYSICAL THERAPIST	3	26	402.13	15.47	.009	134.04	.14
PORTABLE X-RAY	1	1	.61	.61	.000	.61	.00
PROSTHETIST/ORTHOTISTS	11	22	2,986.54	135.75	.008	271.50	1.04
PROSTHETICS	10	21	2,944.54	140.22	.007	294.45	1.02
ORTHOTICS	1	1	42.00	42.00	.000	42.00	.01
PSYCHOLOGIST	3	10	693.40	69.34	.003	231.13	.24
SPEECH AND AUDIOLOGY	8	15	830.16	55.34	.005	103.77	.29
HOSPICE SERVICES	1	15	1,704.30	113.62	.005	1704.30	.59
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	39	1,685	12,456.82	7.39	.585	319.41	4.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	225	43,152	14,068.02	.33	14.973	62.52	4.88
@CALIF. CHILDREN SERVICES*	85	964	\$ 59,137.05	\$ 61.35	.334	\$ 695.73	\$ 20.52
@XOVER EXCLUDING STATE HOSP**	589	5,700	\$ 129,071.21	\$ 22.64	1.978	\$ 219.14	\$ 44.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,041
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

114,497 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	100,096	2,181,248	\$ 83,251,787.42	\$ 38.17	19.051	\$ 831.72	\$ 727.11
@PHYSICIANS SERVICES	23,964	83,712	\$ 2,902,130.62	\$ 34.67	.731	\$ 121.10	\$ 25.35
OUTPATIENT VISITS	8,442	11,444	442,267.43	38.65	.100	52.39	3.86
OFFICE VISITS	6,704	8,793	291,242.78	33.12	.077	43.44	2.54
HOME VISITS	27	36	1,849.00	51.36	.000	68.48	.02
EMERGENCY ROOM	1,437	1,946	121,623.52	62.50	.017	84.64	1.06
PREVENTIVE CARE	1	1	35.77	35.77	.000	35.77	.00
OB VISITS/COMPRE PERI	67	88	9,354.57	106.30	.001	139.62	.08
OTHER OUTPATIENT	507	580	18,161.79	31.31	.005	35.82	.16
INPATIENT VISITS	1,931	9,226	405,302.03	43.93	.081	209.89	3.54
HOSPITAL VISITS	1,651	8,314	325,450.70	39.14	.073	197.12	2.84
CRITICAL CARE	147	513	69,466.74	135.41	.004	472.56	.61
SNF/ICF/TRANS IP CARE	270	399	10,384.59	26.03	.003	38.46	.09
OPHTHALMOLOGICAL SERVICES	815	933	37,510.87	40.20	.008	46.03	.33
EXAMINATIONS	810	928	37,410.87	40.31	.008	46.19	.33
SERVICES AND MATERIALS	5	5	100.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	855	5,399	446,203.54	82.65	.047	521.88	3.90
PRINCIPAL SURGEON	669	1,049	356,984.36	340.31	.009	533.61	3.12
ASSISTANT SURGEON	92	93	18,482.71	198.74	.001	200.90	.16
ANESTHESIOLOGIST	266	4,257	70,736.47	16.62	.037	265.93	.62
OUTPATIENT SURGERY	1,665	5,186	394,600.90	76.09	.045	237.00	3.45
PRINCIPAL SURGEON	1,411	1,882	340,995.82	181.19	.016	241.67	2.98
ASSISTANT SURGEON	16	16	1,494.08	93.38	.000	93.38	.01
ANESTHESIOLOGIST	332	3,288	52,111.00	15.85	.029	156.96	.46
DIALYSIS	81	251	21,532.19	85.79	.002	265.83	.19
PATHOLOGY	999	2,333	63,514.03	27.22	.020	63.58	.55

INPATIENT CROSSOVERS	600	0	517,462.91	.00	.000	862.44	4.52
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	24,804	127,733	3,879,763.16	30.37	1.116	156.42	33.89
MEDICAL	9,263	18,178	950,539.76	52.29	.159	102.62	8.30
SURGERY	1,492	1,799	89,185.73	49.58	.016	59.78	.78
PATHOLOGY	8,842	39,577	514,981.34	13.01	.346	58.24	4.50
RADIOLOGY	5,603	8,823	690,519.61	78.26	.077	123.24	6.03
ROOM USE	9,279	15,388	610,135.97	39.65	.134	65.75	5.33
CROSSOVERS/ALL OTH OUTPTNT	12,746	43,968	1,024,400.75	23.30	.384	80.37	8.95
@COUNTY HOSPITAL TOTAL	53	206	\$ 49,401.04	\$ 239.81	.002	\$ 932.10	\$.43
CO HOSPITAL INPATIENT TOTAL	5	23	44,609.88	1939.56	.000	8921.98	.39
HSC HOSPITALS	3	13	16,616.00	1278.15	.000	5538.67	.15
NON-HSC HOSPITALS TOTAL	2	10	27,993.88	2799.39	.000	13996.94	.24
ACCOMMODATIONS	2	10	11,096.00	1109.60	.000	5548.00	.10
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	11,096.00	1109.60	.000	5548.00	.10
ANCILLARIES	2	0	16,897.88	.00	.000	8448.94	.15
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	48	183	4,791.16	26.18	.002	99.82	.04
MEDICAL	18	20	674.41	33.72	.000	37.47	.01
SURGERY	4	6	312.66	52.11	.000	78.17	.00
PATHOLOGY	14	50	850.46	17.01	.000	60.75	.01
RADIOLOGY	7	12	786.27	65.52	.000	112.32	.01
ROOM USE	28	31	1,378.84	44.48	.000	49.24	.01
CROSSOVERS/ALL OTH OUTPTNT	24	64	788.52	12.32	.001	32.86	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,043
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					----- MONTHLY AVERAGE -----			
114,497 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	25,449	136,405	\$ 21,643,803.78	\$ 158.67	1.191	\$ 850.48	\$ 189.03	
COMM HOSP INPATIENT TOTAL	2,111	8,855	17,768,831.78	2006.64	.077	8417.26	155.19	
HSC HOSPITALS	153	1,307	1,918,930.60	1468.19	.011	12542.03	16.76	
NON-HSC HOSPITALS TOTAL	1,383	7,548	15,332,438.27	2031.32	.066	11086.36	133.91	
ACCOMMODATIONS	1,382	7,548	4,793,291.23	635.04	.066	3468.37	41.86	
ADMINISTRATIVE DAYS	3	26	5,194.46	199.79	.000	1731.49	.05	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1,379	7,522	4,788,096.77	636.55	.066	3472.15	41.82	
ANCILLARIES	1,383	0	10,539,147.04	.00	.000	7620.50	92.05	
INPATIENT CROSSOVERS	600	0	517,462.91	.00	.000	862.44	4.52	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	24,763	127,550	3,874,972.00	30.38	1.114	156.48	33.84	
MEDICAL	9,246	18,158	949,865.35	52.31	.159	102.73	8.30	
SURGERY	1,488	1,793	88,873.07	49.57	.016	59.73	.78	
PATHOLOGY	8,828	39,527	514,130.88	13.01	.345	58.24	4.49	
RADIOLOGY	5,597	8,811	689,733.34	78.28	.077	123.23	6.02	
ROOM USE	9,253	15,357	608,757.13	39.64	.134	65.79	5.32	
CROSSOVERS/ALL OTH OUTPTNT	12,726	43,904	1,023,612.23	23.31	.383	80.43	8.94	
@STATE HOSPITAL	2	45	\$ 24,489.17	\$ 544.20	.000	\$ 12244.59	\$.21	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	2	45	24,489.17	544.20	.000	12244.59	.21	
@NURSING FACILITY	872	23,769	\$ 3,287,563.53	\$ 138.31	.208	\$ 3770.14	\$ 28.71	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	7	253		31,705.96		125.32	.002	4529.42	.28
LEV B-SUBACUTE FREESTANDING	21	671		245,800.72		366.32	.006	11704.80	2.15
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	844	22,845		3,010,056.85		131.76	.200	3566.42	26.29
@INTERMEDIATE CARE FACIL.-DD	274	8,267	\$	1,614,815.05	\$	195.33	.072	\$ 5893.49	\$ 14.10
ICF DDH	100	3,136		539,001.10		171.88	.027	5390.01	4.71
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	174	5,131		1,075,813.95		209.67	.045	6182.84	9.40
@HEMODIALYSIS TOTAL	402	7,447	\$	402,529.61	\$	54.05	.065	\$ 1001.32	\$ 3.52
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	402	7,447		402,529.61		54.05	.065	1001.32	3.52
@REHABILITATION FACILITY	630	8,529	\$	160,423.49	\$	18.81	.074	\$ 254.64	\$ 1.40
HOSPITAL BASED	336	2,228		58,526.71		26.27	.019	174.19	.51
INDEPENDENT FACILITY	294	6,301		101,896.78		16.17	.055	346.59	.89
@LABORATORY FACILITY	5,232	22,456	\$	331,455.66	\$	14.76	.196	\$ 63.35	\$ 2.89
PATHOLOGY	5,174	22,321		327,817.68		14.69	.195	63.36	2.86
XO AND OTHERS	60	135		3,637.98		26.95	.001	60.63	.03
@ORGANIZED OUTPATIENT CLINIC	31,578	58,771	\$	5,823,589.10	\$	99.09	.513	\$ 184.42	\$ 50.86
CLINIC	924	1,924		160,546.44		83.44	.017	173.75	1.40
SURGICENTER	246	1,555		58,918.94		37.89	.014	239.51	.51
HEROIN DETOX CLINIC	9	132		1,619.95		12.27	.001	179.99	.01
RURAL HEALTH CLINIC	30,856	55,160		5,602,503.77		101.57	.482	181.57	48.93

#CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

PAGE 1,044 03/14/05

114,497 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17,012	741,658	\$ 3,982,329.38	\$ 5.37	6.478	\$ 234.09	\$ 34.78
DURABLE MED. EQUIP.	1,649	4,276	708,579.46	165.71	.037	429.70	6.19
BLOOD BANK	13	9,014	27,042.00	3.00	.079	2080.15	.24
HEARING AID DISPENSERS	532	1,044	76,022.16	72.82	.009	142.90	.66
MEDICAL TRANSPORTATION	3,700	136,352	829,264.37	6.08	1.191	224.13	7.24
AMBULANCES/AIR TRANS	2,398	22,120	397,783.80	17.98	.193	165.88	3.47
OTHER TRANS	1,355	113,438	379,951.62	3.35	.991	280.41	3.32
OTHER SERVICES	121	794	51,528.95	64.90	.007	425.86	.45
ACUPUNCTURE	196	372	6,491.27	17.45	.003	33.12	.06
ADULT DAY HEALTH CARE CTR	198	2,103	146,445.06	69.64	.018	739.62	1.28
GENETIC DISEASE TESTING	27	27	2,835.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	935	28,319	1,012,417.46	35.75	.247	1082.80	8.84
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,773	6,466	67,389.97	10.42	.056	24.30	.59
PHYSICAL THERAPIST	148	1,400	20,222.04	14.44	.012	136.64	.18
PORTABLE X-RAY	4	17	22.37	1.32	.000	5.59	.00
PROSTHETIST/ORTHOTISTS	243	707	116,999.05	165.49	.006	481.48	1.02
PROSTHETICS	233	666	111,788.73	167.85	.006	479.78	.98
ORTHOTICS	10	41	5,210.32	127.08	.000	521.03	.05
PSYCHOLOGIST	45	160	9,810.80	61.32	.001	218.02	.09
SPEECH AND AUDIOLOGY	636	1,950	100,282.30	51.43	.017	157.68	.88
HOSPICE SERVICES	76	1,789	211,222.04	118.07	.016	2779.24	1.84
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,998	33,496	226,926.49	6.77	.293	113.58	1.98
EPSDT SUPPLEMENTAL SERVICE	1	76	2,427.44	31.94	.001	2427.44	.02
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	5,797	514,090		417,930.10		.81	4.490	72.09	3.65
@CALIF. CHILDREN SERVICES*	1,434	52,235	\$	2,289,865.04	\$	43.84	.456	\$ 1596.84	\$ 20.00
@XOVER EXCLUDING STATE HOSP**	15,449	132,861	\$	1,902,027.59	\$	14.32	1.160	\$ 123.12	\$ 16.61

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 1,045

MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
132,200 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	69,922	344,342	\$ 19,379,000.38	\$ 56.28	2.605	\$ 277.15	\$ 146.59	
@PHYSICIANS SERVICES	12,801	33,552	\$ 1,425,334.87	\$ 42.48	.254	\$ 111.35	\$ 10.78	
OUTPATIENT VISITS	6,062	7,365	325,573.19	44.21	.056	53.71	2.46	
OFFICE VISITS	4,228	5,091	188,922.15	37.11	.039	44.68	1.43	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1,549	1,750	95,890.55	54.79	.013	61.90	.73	
PREVENTIVE CARE	20	20	844.61	42.23	.000	42.23	.01	
OB VISITS/COMPRE PERI	243	324	34,151.29	105.41	.002	140.54	.26	
OTHER OUTPATIENT	174	180	5,764.59	32.03	.001	33.13	.04	
INPATIENT VISITS	776	2,406	144,738.18	60.16	.018	186.52	1.09	
HOSPITAL VISITS	736	2,031	89,095.88	43.87	.015	121.05	.67	
CRITICAL CARE	84	373	55,576.25	149.00	.003	661.62	.42	
SNF/ICF/TRANS IP CARE	2	2	66.05	33.03	.000	33.03	.00	
OPHTHALMOLOGICAL SERVICES	493	542	23,376.98	43.13	.004	47.42	.18	
EXAMINATIONS	490	539	23,308.75	43.24	.004	47.57	.18	
SERVICES AND MATERIALS	3	3	68.23	22.74	.000	22.74	.00	
INPATIENT HOSPITAL SURGERY	611	2,804	339,959.70	121.24	.021	556.40	2.57	
PRINCIPAL SURGEON	447	564	290,767.98	515.55	.004	650.49	2.20	
ASSISTANT SURGEON	66	67	11,147.37	166.38	.001	168.90	.08	
ANESTHESIOLOGIST	191	2,173	38,044.35	17.51	.016	199.19	.29	

OUTPATIENT SURGERY	1,163	4,114		224,631.14	54.60	.031	193.15	1.70
PRINCIPAL SURGEON	954	1,251		177,399.47	141.81	.009	185.95	1.34
ASSISTANT SURGEON	9	9		804.92	89.44	.000	89.44	.01
ANESTHESIOLOGIST	279	2,854		46,426.75	16.27	.022	166.40	.35
DIALYSIS	3	9		892.14	99.13	.000	297.38	.01
PATHOLOGY	673	1,150		31,414.17	27.32	.009	46.68	.24
RADIOLOGY	5,268	7,690		204,959.94	26.65	.058	38.91	1.55
PSYCHIATRY	7	8		476.90	59.61	.000	68.13	.00
IMMUNIZATION AND INJECTION	168	3,725		20,509.52	5.51	.028	122.08	.16
OTHER SERVICES/ALL X-OVERS	1,674	3,739		108,803.01	29.10	.028	65.00	.82
@PHARMACY	33,821	102,340	\$	5,065,602.49	\$ 49.50	.774	\$ 149.78	\$ 38.32
PRESCRIPTION DRUGS	33,557	86,296		4,818,320.61	55.83	.653	143.59	36.45
SNF/ICF	6	23		1,438.03	62.52	.000	239.67	.01
OUTPATIENTS	33,556	86,273		4,816,882.58	55.83	.653	143.55	36.44
MEDICAL SUPPLIES	955	16,044		247,281.88	15.41	.121	258.93	1.87
@DENTIST	5,346	28,250	\$	912,866.68	\$ 32.31	.214	\$ 170.76	\$ 6.91
VISITS - DIAGNOSTIC	3,873	18,463		270,454.94	14.65	.140	69.83	2.05
ORAL SURGERY	780	1,644		92,830.30	56.47	.012	119.01	.70
DRUGS	179	196		4,636.80	23.66	.001	25.90	.04
ANESTHESIA	29	29		2,285.00	78.79	.000	78.79	.02
PERIODONTICS	79	80		8,052.00	100.65	.001	101.92	.06
ENDODONTICS	479	808		126,480.45	156.54	.006	264.05	.96
RESTORATIVE DENTISTRY	1,853	5,945		318,227.74	53.53	.045	171.74	2.41
PROSTHETICS	10	10		300.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	61	200		26,273.10	131.37	.002	430.71	.20
SPACE MAINTAINERS	60	79		8,625.00	109.18	.001	143.75	.07
MAXILLOFACIAL SERVICES	16	17		730.10	42.95	.000	45.63	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	503	648		50,221.25	77.50	.005	99.84	.38
ALL OTHER SERVICES	112	131		3,750.00	28.63	.001	33.48	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 1,046
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES							

		----- MONTHLY AVERAGE -----						
132,200 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1,625	4,305	\$ 95,488.36	\$ 22.18	.033	\$ 58.76	\$.72	
DIAGNOSTIC AND ANC. PROCED	1,125	1,193	49,908.04	41.83	.009	44.36	.38	
EYE APPLIANCES	1,122	3,071	44,787.74	14.58	.023	39.92	.34	
OTHER OPTOMETRIC SERVICES	39	41	792.58	19.33	.000	20.32	.01	
@CHIROPRACTOR	202	358	\$ 5,822.74	\$ 16.26	.003	\$ 28.83	\$.04	
VISITS	202	358	5,822.74	16.26	.003	28.83	.04	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	47	74	\$ 2,091.78	\$ 28.27	.001	\$ 44.51	\$.02	
MEDICINE/INJECTIONS	44	55	1,566.49	28.48	.000	35.60	.01	
SURGERY/ANES.	4	5	157.37	31.47	.000	39.34	.00	
RADIO./PATHOLOGY	10	12	223.16	18.60	.000	22.32	.00	
OTHER	1	2	144.76	72.38	.000	144.76	.00	
@HOME HEALTH AGENCY	181	416	\$ 25,553.77	\$ 61.43	.003	\$ 141.18	\$.19	
NURSE ANESTHESIST	177	1,851	\$ 21,316.37	\$ 11.52	.014	\$ 120.43	\$.16	
NURSE MIDWIFE	490	2,831	\$ 93,047.75	\$ 32.87	.021	\$ 189.89	\$.70	
PEDIATRIC NURSE PRACTITIONER	1	2	\$ 81.20	\$ 40.60	.000	\$ 81.20	\$.00	
FAMILY NURSE PRACTITIONER	222	469	\$ 8,538.55	\$ 18.21	.004	\$ 38.46	\$.06	
@TOTAL HOSPITAL	19,962	76,376	\$ 6,659,184.96	\$ 87.19	.578	\$ 333.59	\$ 50.37	
HOSP INPATIENT TOTAL	861	3,116	4,341,534.14	1393.30	.024	5042.43	32.84	
HSC HOSPITALS	89	525	756,895.60	1441.71	.004	8504.44	5.73	

NON-HSC HOSPITAL TOTAL	778	2,591	3,584,638.54	1383.50	.020	4607.50	27.12
ACCOMMODATIONS	777	2,591	1,219,593.61	470.70	.020	1569.62	9.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	777	2,591	1,219,593.61	470.70	.020	1569.62	9.23
ANCILLARIES	778	0	2,365,044.93	.00	.000	3039.90	17.89
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19,627	73,260	2,317,650.82	31.64	.554	118.08	17.53
MEDICAL	12,042	17,555	778,641.78	44.35	.133	64.66	5.89
SURGERY	1,373	1,706	90,286.36	52.92	.013	65.76	.68
PATHOLOGY	6,167	20,450	274,709.16	13.43	.155	44.55	2.08
RADIOLOGY	4,109	5,398	327,702.81	60.71	.041	79.75	2.48
ROOM USE	13,686	18,475	699,466.24	37.86	.140	51.11	5.29
CROSSOVERS/ALL OTH OUTPTNT	5,317	9,676	146,844.47	15.18	.073	27.62	1.11
@COUNTY HOSPITAL TOTAL	23	159	\$ 10,236.56	\$ 64.38	.001	\$ 445.07	\$.08
CO HOSPITAL INPATIENT TOTAL	3	6	5,860.00	976.67	.000	1953.33	.04
HSC HOSPITALS	3	6	5,860.00	976.67	.000	1953.33	.04
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	20	153	4,376.56	28.60	.001	218.83	.03
MEDICAL	7	8	258.92	32.37	.000	36.99	.00
SURGERY	4	8	236.88	29.61	.000	59.22	.00
PATHOLOGY	10	63	913.09	14.49	.000	91.31	.01
RADIOLOGY	4	9	964.46	107.16	.000	241.12	.01
ROOM USE	16	29	1,527.91	52.69	.000	95.49	.01
CROSSOVERS/ALL OTH OUTPTNT	13	36	475.30	13.20	.000	36.56	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,047
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					----- MONTHLY AVERAGE -----			
132,200 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	19,941	76,217	\$ 6,648,948.40	\$ 87.24	.577	\$ 333.43	\$ 50.29	
COMM HOSP INPATIENT TOTAL	858	3,110	4,335,674.14	1394.11	.024	5053.23	32.80	
HSC HOSPITALS	86	519	751,035.60	1447.08	.004	8732.97	5.68	
NON-HSC HOSPITALS TOTAL	778	2,591	3,584,638.54	1383.50	.020	4607.50	27.12	
ACCOMMODATIONS	777	2,591	1,219,593.61	470.70	.020	1569.62	9.23	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	777	2,591	1,219,593.61	470.70	.020	1569.62	9.23	
ANCILLARIES	778	0	2,365,044.93	.00	.000	3039.90	17.89	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	19,609	73,107	2,313,274.26	31.64	.553	117.97	17.50	
MEDICAL	12,036	17,547	778,382.86	44.36	.133	64.67	5.89	
SURGERY	1,369	1,698	90,049.48	53.03	.013	65.78	.68	
PATHOLOGY	6,159	20,387	273,796.07	13.43	.154	44.45	2.07	
RADIOLOGY	4,105	5,389	326,738.35	60.63	.041	79.60	2.47	
ROOM USE	13,671	18,446	697,938.33	37.84	.140	51.05	5.28	

CROSSOVERS/ALL OTH OUTPTNT	5,305	9,640		146,369.17	15.18	.073	27.59	1.11
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	4	\$	795.00	198.75	.000	795.00	.01
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	4		795.00	198.75	.000	795.00	.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	43	\$	1,797.05	41.79	.000	599.02	.01
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	43		1,797.05	41.79	.000	599.02	.01
@REHABILITATION FACILITY	211	1,314	\$	30,271.39	23.04	.010	143.47	.23
HOSPITAL BASED	185	1,039		26,027.34	25.05	.008	140.69	.20
INDEPENDENT FACILITY	26	275		4,244.05	15.43	.002	163.23	.03
@LABORATORY FACILITY	2,703	8,055	\$	132,037.03	16.39	.061	48.85	1.00
PATHOLOGY	2,703	8,054		132,012.43	16.39	.061	48.84	1.00
XO AND OTHERS	1	1		24.60	24.60	.000	24.60	.00
@ORGANIZED OUTPATIENT CLINIC	24,491	39,890	\$	4,373,841.81	109.65	.302	178.59	33.09
CLINIC	1,377	4,094		152,258.95	37.19	.031	110.57	1.15
SURGICENTER	93	607		21,373.06	35.21	.005	229.82	.16
HEROIN DETOX CLINIC	3	46		519.12	11.29	.000	173.04	.00
RURAL HEALTH CLINIC	23,318	35,143		4,199,690.68	119.50	.266	180.11	31.77

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,048
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					----- MONTHLY AVERAGE -----			
132,200 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	9,906	44,212	\$ 525,328.58	\$ 11.88	.334	\$ 53.03	\$ 3.97	
DURABLE MED. EQUIP.	255	1,379	48,758.98	35.36	.010	191.21	.37	
BLOOD BANK	1	88	264.00	3.00	.001	264.00	.00	
HEARING AID DISPENSERS	16	40	3,770.86	94.27	.000	235.68	.03	
MEDICAL TRANSPORTATION	875	8,735	158,347.88	18.13	.066	180.97	1.20	
AMBULANCES/AIR TRANS	868	8,679	130,338.87	15.02	.066	150.16	.99	
OTHER TRANS	4	36	144.49	4.01	.000	36.12	.00	
OTHER SERVICES	20	20	27,864.52	1393.23	.000	1393.23	.21	
ACUPUNCTURE	28	44	825.25	18.76	.000	29.47	.01	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	74	74	7,770.00	105.00	.001	105.00	.06	
IHMC,MODEL-NF,NF,AIDS,MSSP	6	18	2,108.98	117.17	.000	351.50	.02	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	1,268	2,707	23,313.18	8.61	.020	18.39	.18	
PHYSICAL THERAPIST	77	672	9,927.48	14.77	.005	128.93	.08	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	55	87	10,086.52	115.94	.001	183.39	.08	
PROSTHETICS	52	84	9,964.44	118.62	.001	191.62	.08	
ORTHOTICS	3	3	122.08	40.69	.000	40.69	.00	
PSYCHOLOGIST	23	82	5,364.22	65.42	.001	233.23	.04	
SPEECH AND AUDIOLOGY	474	1,264	53,527.07	42.35	.010	112.93	.40	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6,767	21,649	197,215.20	9.11	.164	29.14	1.49
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	123	7,373	4,048.96	.55	.056	32.92	.03
@CALIF. CHILDREN SERVICES*	383	7,104	\$ 715,731.22	\$ 100.75	.054	\$ 1868.75	\$ 5.41
@XOVER EXCLUDING STATE HOSP**	19	95	\$ 1,624.90	\$ 17.10	.001	\$ 85.52	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,049
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

267,099 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	187,230	2,973,067	\$ 113,144,081.43	\$ 38.06	11.131	\$ 604.31	\$ 423.60
@PHYSICIANS SERVICES	40,325	131,361	\$ 4,516,160.01	\$ 34.38	.492	\$ 111.99	\$ 16.91
OUTPATIENT VISITS	14,750	19,175	781,265.28	40.74	.072	52.97	2.93
OFFICE VISITS	11,134	14,182	489,585.95	34.52	.053	43.97	1.83
HOME VISITS	27	36	1,849.00	51.36	.000	68.48	.01
EMERGENCY ROOM	3,024	3,754	221,213.35	58.93	.014	73.15	.83
PREVENTIVE CARE	21	21	880.38	41.92	.000	41.92	.00
OB VISITS/COMPRE PERI	310	412	43,505.86	105.60	.002	140.34	.16
OTHER OUTPATIENT	691	770	24,230.74	31.47	.003	35.07	.09
INPATIENT VISITS	2,759	11,770	555,633.36	47.21	.044	201.39	2.08
HOSPITAL VISITS	2,417	10,449	419,184.63	40.12	.039	173.43	1.57
CRITICAL CARE	233	889	125,407.79	141.07	.003	538.23	.47
SNF/ICF/TRANS IP CARE	294	432	11,040.94	25.56	.002	37.55	.04
OPHTHALMOLOGICAL SERVICES	1,344	1,512	62,294.27	41.20	.006	46.35	.23
EXAMINATIONS	1,336	1,504	62,126.04	41.31	.006	46.50	.23
SERVICES AND MATERIALS	8	8	168.23	21.03	.000	21.03	.00
INPATIENT HOSPITAL SURGERY	1,476	8,272	791,202.37	95.65	.031	536.04	2.96
PRINCIPAL SURGEON	1,123	1,637	652,217.76	398.42	.006	580.78	2.44
ASSISTANT SURGEON	158	160	29,630.08	185.19	.001	187.53	.11
ANESTHESIOLOGIST	461	6,475	109,354.53	16.89	.024	237.21	.41
OUTPATIENT SURGERY	2,884	9,584	635,910.39	66.35	.036	220.50	2.38
PRINCIPAL SURGEON	2,408	3,194	531,366.31	166.36	.012	220.67	1.99
ASSISTANT SURGEON	25	25	2,299.00	91.96	.000	91.96	.01
ANESTHESIOLOGIST	631	6,365	102,245.08	16.06	.024	162.04	.38
DIALYSIS	102	283	27,431.81	96.93	.001	268.94	.10
PATHOLOGY	1,694	3,518	95,664.33	27.19	.013	56.47	.36
RADIOLOGY	13,400	23,854	706,659.31	29.62	.089	52.74	2.65
PSYCHIATRY	12	15	860.01	57.33	.000	71.67	.00
IMMUNIZATION AND INJECTION	588	13,122	131,488.32	10.02	.049	223.62	.49
OTHER SERVICES/ALL X-OVERS	14,446	40,256	727,750.56	18.08	.151	50.38	2.72
@PHARMACY	128,369	1,371,076	\$ 51,152,416.72	\$ 37.31	5.133	\$ 398.48	\$ 191.51
PRESCRIPTION DRUGS	126,579	546,563	49,225,622.04	90.06	2.046	388.89	184.30
SNF/ICF	1,738	14,445	1,154,652.83	79.93	.054	664.36	4.32
OUTPATIENTS	125,039	532,118	48,070,969.21	90.34	1.992	384.45	179.97
MEDICAL SUPPLIES	12,930	824,513	1,926,794.68	2.34	3.087	149.02	7.21
@DENTIST	10,157	49,795	\$ 1,819,102.50	\$ 36.53	.186	\$ 179.10	\$ 6.81
VISITS - DIAGNOSTIC	7,095	31,314	438,337.90	14.00	.117	61.78	1.64
ORAL SURGERY	1,557	3,897	210,402.45	53.99	.015	135.13	.79

DRUGS	195	212	4,936.80	23.29	.001	25.32	.02
ANESTHESIA	55	58	4,605.00	79.40	.000	83.73	.02
PERIODONTICS	390	421	43,588.00	103.53	.002	111.76	.16
ENDODONTICS	814	1,315	245,854.45	186.96	.005	302.03	.92
RESTORATIVE DENTISTRY	3,207	9,613	563,636.99	58.63	.036	175.75	2.11
PROSTHETICS	49	49	1,445.00	29.49	.000	29.49	.01
DENTURES, STAYPLATES	625	1,735	225,860.40	130.18	.006	361.38	.85
SPACE MAINTAINERS	64	84	9,456.00	112.57	.000	147.75	.04
MAXILLOFACIAL SERVICES	28	30	4,928.94	164.30	.000	176.03	.02
FRACTURES, DISLOCATIONS	1	2	444.32	222.16	.000	444.32	.00
ORTHODONTIC SERVICES	605	787	61,556.25	78.22	.003	101.75	.23
ALL OTHER SERVICES	218	278	4,050.00	14.57	.001	18.58	.02

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,050
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

267,099 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5,238	13,994	\$ 295,458.56	\$ 21.11	.052	\$ 56.41	\$ 1.11
DIAGNOSTIC AND ANC. PROCED	2,573	2,715	113,256.10	41.71	.010	44.02	.42
EYE APPLIANCES	3,848	10,679	170,299.80	15.95	.040	44.26	.64
OTHER OPTOMETRIC SERVICES	449	600	11,902.66	19.84	.002	26.51	.04
@CHIROPRACTOR	567	1,025	\$ 16,501.38	\$ 16.10	.004	\$ 29.10	\$.06
VISITS	538	991	16,059.56	16.21	.004	29.85	.06
OTHER SERVICES	29	34	441.82	12.99	.000	15.24	.00
@PODIATRIST	1,426	2,369	\$ 31,177.03	\$ 13.16	.009	\$ 21.86	\$.12
MEDICINE/INJECTIONS	425	483	12,786.98	26.47	.002	30.09	.05
SURGERY/ANES.	7	10	341.67	34.17	.000	48.81	.00
RADIO./PATHOLOGY	39	51	899.58	17.64	.000	23.07	.00
OTHER	995	1,825	17,148.80	9.40	.007	17.23	.06
@HOME HEALTH AGENCY	867	34,687	\$ 1,128,045.65	\$ 32.52	.130	\$ 1301.09	\$ 4.22
NURSE ANESTHESIST	371	4,163	\$ 44,143.81	\$ 10.60	.016	\$ 118.99	\$.17

NURSE MIDWIFE	617	3,653	\$	112,398.43	\$	30.77	.014	\$	182.17	\$	.42
PEDIATRIC NURSE PRACTITIONER	2	3	\$	99.30	\$	33.10	.000	\$	49.65	\$	.00
FAMILY NURSE PRACTITIONER	1,001	2,108	\$	34,477.97	\$	16.36	.008	\$	34.44	\$	.13
@TOTAL HOSPITAL	48,428	224,447	\$	29,738,527.73	\$	132.50	.840	\$	614.08	\$	111.34
HOSP INPATIENT TOTAL	3,388	12,576		23,316,123.28		1854.02	.047		6881.97		87.29
HSC HOSPITALS	248	1,865		2,713,403.69		1454.91	.007		10941.14		10.16
NON-HSC HOSPITAL TOTAL	2,250	10,711		19,815,906.66		1850.05	.040		8807.07		74.19
ACCOMMODATIONS	2,248	10,711		6,325,432.40		590.55	.040		2813.80		23.68
ADMINISTRATIVE DAYS	3	26		5,194.46		199.79	.000		1731.49		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2,245	10,685		6,320,237.94		591.51	.040		2815.25		23.66
ANCILLARIES	2,250	0		13,490,474.26		.00	.000		5995.77		50.51
INPATIENT CROSSOVERS	922	0		786,812.93		.00	.000		853.38		2.95
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	47,248	211,871		6,422,404.45		30.31	.793		135.93		24.05
MEDICAL	21,479	36,122		1,748,724.82		48.41	.135		81.42		6.55
SURGERY	2,904	3,552		182,595.86		51.41	.013		62.88		.68
PATHOLOGY	15,252	60,805		800,068.97		13.16	.228		52.46		3.00
RADIOLOGY	9,810	14,373		1,029,941.22		71.66	.054		104.99		3.86
ROOM USE	23,143	34,254		1,326,530.15		38.73	.128		57.32		4.97
CROSSOVERS/ALL OTH OUTPTNT	20,588	62,765		1,334,543.43		21.26	.235		64.82		5.00
@COUNTY HOSPITAL TOTAL	81	386	\$	59,918.53	\$	155.23	.001	\$	739.73	\$	.22
CO HOSPITAL INPATIENT TOTAL	8	29		50,469.88		1740.34	.000		6308.74		.19
HSC HOSPITALS	6	19		22,476.00		1182.95	.000		3746.00		.08
NON-HSC HOSPITALS TOTAL	2	10		27,993.88		2799.39	.000		13996.94		.10
ACCOMMODATIONS	2	10		11,096.00		1109.60	.000		5548.00		.04
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	10		11,096.00		1109.60	.000		5548.00		.04
ANCILLARIES	2	0		16,897.88		.00	.000		8448.94		.06
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	73	357		9,448.65		26.47	.001		129.43		.04
MEDICAL	25	28		933.33		33.33	.000		37.33		.00
SURGERY	8	14		549.54		39.25	.000		68.69		.00
PATHOLOGY	24	113		1,763.55		15.61	.000		73.48		.01
RADIOLOGY	11	21		1,750.73		83.37	.000		159.16		.01
ROOM USE	44	60		2,906.75		48.45	.000		66.06		.01
CROSSOVERS/ALL OTH OUTPTNT	42	121		1,544.75		12.77	.000		36.78		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,051
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

	267,099 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	48,358	224,061	\$	29,678,609.20	\$ 132.46	.839	\$ 613.73	\$ 111.11
COMM HOSP INPATIENT TOTAL	3,381	12,547		23,265,653.40	1854.28	.047	6881.29	87.10
HSC HOSPITALS	242	1,846		2,690,927.69	1457.71	.007	11119.54	10.07
NON-HSC HOSPITALS TOTAL	2,248	10,701		19,787,912.78	1849.16	.040	8802.45	74.08
ACCOMMODATIONS	2,246	10,701		6,314,336.40	590.07	.040	2811.37	23.64
ADMINISTRATIVE DAYS	3	26		5,194.46	199.79	.000	1731.49	.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2,243	10,675		6,309,141.94	591.02	.040	2812.81	23.62
ANCILLARIES	2,248	0		13,473,576.38	.00	.000	5993.58	50.44
INPATIENT CROSSOVERS	922	0		786,812.93	.00	.000	853.38	2.95
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	47,185	211,514		6,412,955.80	30.32	.792	135.91	24.01
MEDICAL	21,456	36,094		1,747,791.49	48.42	.135	81.46	6.54
SURGERY	2,896	3,538		182,046.32	51.45	.013	62.86	.68
PATHOLOGY	15,230	60,692		798,305.42	13.15	.227	52.42	2.99
RADIOLOGY	9,800	14,352		1,028,190.49	71.64	.054	104.92	3.85
ROOM USE	23,102	34,194		1,323,623.40	38.71	.128	57.29	4.96
CROSSOVERS/ALL OTH OUTPTNT	20,552	62,644		1,332,998.68	21.28	.235	64.86	4.99
@STATE HOSPITAL	2	45	\$	24,489.17	\$ 544.20	.000	\$ 12244.59	\$.09
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	2	45		24,489.17	544.20	.000	12244.59	.09
@NURSING FACILITY	1,487	36,269	\$	5,127,898.69	\$ 141.39	.136	\$ 3448.49	\$ 19.20
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	7	253		31,705.96	125.32	.001	4529.42	.12
LEV B-SUBACUTE FREESTANDING	21	671		245,800.72	366.32	.003	11704.80	.92
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,459	35,345		4,850,392.01	137.23	.132	3324.46	18.16
@INTERMEDIATE CARE FACIL.-DD	333	9,996	\$	1,963,571.82	\$ 196.44	.037	\$ 5896.61	\$ 7.35
ICF DDH	112	3,449		592,574.27	171.81	.013	5290.84	2.22
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	221	6,547		1,370,997.55	209.41	.025	6203.61	5.13
@HEMODIALYSIS TOTAL	537	10,489	\$	521,790.49	\$ 49.75	.039	\$ 971.68	\$ 1.95
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	537	10,489		521,790.49	49.75	.039	971.68	1.95
@REHABILITATION FACILITY	880	10,228	\$	197,188.64	\$ 19.28	.038	\$ 224.08	\$.74
HOSPITAL BASED	528	3,299		85,341.45	25.87	.012	161.63	.32
INDEPENDENT FACILITY	352	6,929		111,847.19	16.14	.026	317.75	.42
@LABORATORY FACILITY	8,084	31,091	\$	470,982.48	\$ 15.15	.116	\$ 58.26	\$ 1.76
PATHOLOGY	8,009	30,920		467,121.17	15.11	.116	58.32	1.75
XO AND OTHERS	78	171		3,861.31	22.58	.001	49.50	.01
@ORGANIZED OUTPATIENT CLINIC	58,708	103,355	\$	10,477,532.15	\$ 101.37	.387	\$ 178.47	\$ 39.23
CLINIC	2,363	6,172		320,650.76	51.95	.023	135.70	1.20
SURGICENTER	362	2,202		84,402.61	38.33	.008	233.16	.32
HEROIN DETOX CLINIC	12	178		2,139.07	12.02	.001	178.26	.01
RURAL HEALTH CLINIC	56,736	94,803		10,070,339.71	106.22	.355	177.49	37.70
#CALIF DEPT OF HEALTH SERV								
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

					----- MONTHLY AVERAGE -----			
267,099 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	30,859	932,913	\$ 5,472,118.90	\$ 5.87	3.493	\$ 177.33	\$ 20.49	
DURABLE MED. EQUIP.	2,032	5,994	811,037.85	135.31	.022	399.13	3.04	
BLOOD BANK	14	9,102	27,306.00	3.00	.034	1950.43	.10	
HEARING AID DISPENSERS	925	1,757	136,521.75	77.70	.007	147.59	.51	
MEDICAL TRANSPORTATION	5,175	176,819	1,109,054.87	6.27	.662	214.31	4.15	
AMBULANCES/AIR TRANS	3,347	31,114	538,341.28	17.30	.116	160.84	2.02	
OTHER TRANS	1,867	144,638	489,989.36	3.39	.542	262.45	1.83	
OTHER SERVICES	190	1,067	80,724.23	75.66	.004	424.86	.30	
ACUPUNCTURE	250	475	8,327.55	17.53	.002	33.31	.03	
ADULT DAY HEALTH CARE CTR	446	5,535	385,322.09	69.62	.021	863.95	1.44	
GENETIC DISEASE TESTING	101	101	10,605.00	105.00	.000	105.00	.04	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,520	34,644	1,337,715.80	38.61	.130	880.08	5.01	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	4,450	10,108	104,628.29	10.35	.038	23.51	.39	
PHYSICAL THERAPIST	229	2,104	30,559.27	14.52	.008	133.45	.11	

PORTABLE X-RAY	16	33	31.56	.96	.000	1.97	.00
PROSTHETIST/ORTHOTISTS	317	868	131,058.36	150.99	.003	413.43	.49
PROSTHETICS	303	823	125,683.96	152.71	.003	414.80	.47
ORTHOTICS	14	45	5,374.40	119.43	.000	383.89	.02
PSYCHOLOGIST	71	252	15,868.42	62.97	.001	223.50	.06
SPEECH AND AUDIOLOGY	1,156	3,307	165,962.73	50.19	.012	143.57	.62
HOSPICE SERVICES	88	2,035	238,665.74	117.28	.008	2712.11	.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8,804	56,830	436,598.51	7.68	.213	49.59	1.63
EPSDT SUPPLEMENTAL SERVICE	1	76	2,427.44	31.94	.000	2427.44	.01
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8,113	622,873	520,427.67	.84	2.332	64.15	1.95
@CALIF. CHILDREN SERVICES*	1,902	60,303	\$ 3,064,733.31	\$ 50.82	.226	\$ 1611.32	\$ 11.47
@XOVER EXCLUDING STATE HOSP**	22,156	184,261	\$ 3,017,404.61	\$ 16.38	.690	\$ 136.19	\$ 11.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,053
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U 1X

14,889 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13,399	195,054	\$ 6,553,606.76	\$ 33.60	13.101	\$ 489.11	\$ 440.16
@PHYSICIANS SERVICES	2,370	7,248	\$ 163,403.32	\$ 22.54	.487	\$ 68.95	\$ 10.97
OUTPATIENT VISITS	112	145	5,244.58	36.17	.010	46.83	.35
OFFICE VISITS	104	137	4,747.52	34.65	.009	45.65	.32
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	397.46	79.49	.000	79.49	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	99.60	33.20	.000	33.20	.01
INPATIENT VISITS	52	254	11,103.66	43.72	.017	213.53	.75
HOSPITAL VISITS	42	229	9,601.06	41.93	.015	228.60	.64
CRITICAL CARE	3	9	1,094.40	121.60	.001	364.80	.07
SNF/ICF/TRANS IP CARE	13	16	408.20	25.51	.001	31.40	.03
OPHTHALMOLOGICAL SERVICES	13	14	547.66	39.12	.001	42.13	.04
EXAMINATIONS	13	14	547.66	39.12	.001	42.13	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	26	225	20,802.21	92.45	.015	800.09	1.40
PRINCIPAL SURGEON	22	155	17,681.87	114.08	.010	803.72	1.19
ASSISTANT SURGEON	8	8	1,779.16	222.40	.001	222.40	.12
ANESTHESIOLOGIST	4	62	1,341.18	21.63	.004	335.30	.09
OUTPATIENT SURGERY	30	149	8,649.33	58.05	.010	288.31	.58
PRINCIPAL SURGEON	25	27	7,842.29	290.46	.002	313.69	.53
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	122	807.04	6.62	.008	134.51	.05
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	16	70	895.77	12.80	.005	55.99	.06
RADIOLOGY	110	245	9,490.63	38.74	.016	86.28	.64
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	289	12,097.76	41.86	.019	1512.22	.81
OTHER SERVICES/ALL X-OVERS	2,150	5,857	94,571.72	16.15	.393	43.99	6.35
@PHARMACY	11,010	111,196	\$ 3,676,463.92	\$ 33.06	7.468	\$ 333.92	\$ 246.92
PRESCRIPTION DRUGS	10,832	50,790	3,568,314.83	70.26	3.411	329.42	239.66

SNF/ICF	324	2,477	125,016.07	50.47	.166	385.85	8.40
OUTPATIENTS	10,535	48,313	3,443,298.76	71.27	3.245	326.84	231.26
MEDICAL SUPPLIES	1,188	60,406	108,149.09	1.79	4.057	91.03	7.26
@DENTIST	385	1,484	\$ 68,061.15	\$ 45.86	.100	\$ 176.78	\$ 4.57
VISITS - DIAGNOSTIC	240	936	11,505.50	12.29	.063	47.94	.77
ORAL SURGERY	54	127	7,184.00	56.57	.009	133.04	.48
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	.00	.00	.000	.00	.00
PERIODONTICS	18	18	1,683.00	93.50	.001	93.50	.11
ENDODONTICS	14	16	3,481.00	217.56	.001	248.64	.23
RESTORATIVE DENTISTRY	75	146	12,043.65	82.49	.010	160.58	.81
PROSTHETICS	4	4	105.00	26.25	.000	26.25	.01
DENTURES, STAYPLATES	90	227	32,059.00	141.23	.015	356.21	2.15
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	11	9	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,054
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

14,889 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	303	769	\$ 14,253.37	\$ 18.53	.052	\$ 47.04	\$.96
DIAGNOSTIC AND ANC. PROCED	38	39	1,692.74	43.40	.003	44.55	.11
EYE APPLIANCES	231	635	10,649.27	16.77	.043	46.10	.72
OTHER OPTOMETRIC SERVICES	65	95	1,911.36	20.12	.006	29.41	.13
@CHIROPRACTOR	10	14	\$ 176.19	\$ 12.59	.001	\$ 17.62	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	10	14	176.19	12.59	.001	17.62	.01
@PODIATRIST	297	546	\$ 4,916.40	\$ 9.00	.037	\$ 16.55	\$.33
MEDICINE/INJECTIONS	1	1	57.20	57.20	.000	57.20	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	296	545	4,859.20	8.92	.037	16.42	.33
@HOME HEALTH AGENCY	8	45	\$ 3,176.76	\$ 70.59	.003	\$ 397.10	\$.21
NURSE ANESTHESIST	4	35	\$ 483.45	\$ 13.81	.002	\$ 120.86	\$.03
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	2,033	7,494	\$ 811,478.77	\$ 108.28	.503	\$ 399.15	\$ 54.50
HOSP INPATIENT TOTAL	285	218	655,609.81	3007.38	.015	2300.39	44.03
HSC HOSPITALS	7	45	46,541.35	1034.25	.003	6648.76	3.13
NON-HSC HOSPITAL TOTAL	25	173	398,695.58	2304.60	.012	15947.82	26.78
ACCOMMODATIONS	25	173	126,945.33	733.79	.012	5077.81	8.53
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	25	173	126,945.33	733.79	.012	5077.81	8.53
ANCILLARIES	25	0	271,750.25	.00	.000	10870.01	18.25
INPATIENT CROSSOVERS	254	0	210,372.88	.00	.000	828.24	14.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,901	7,276	155,868.96	21.42	.489	81.99	10.47
MEDICAL	62	132	8,042.21	60.93	.009	129.71	.54
SURGERY	14	14	615.53	43.97	.001	43.97	.04
PATHOLOGY	154	473	5,907.35	12.49	.032	38.36	.40

RADIOLOGY	56	84	9,810.57	116.79	.006	175.19	.66
ROOM USE	48	64	2,876.45	44.94	.004	59.93	.19
CROSSOVERS/ALL OTH OUTPTNT	1,734	6,509	128,616.85	19.76	.437	74.17	8.64
@COUNTY HOSPITAL TOTAL	5	16	1,115.90	69.74	.001	223.18	.07
CO HOSPITAL INPATIENT TOTAL	1	0	840.00	.00	.000	840.00	.06
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	16	275.90	17.24	.001	68.98	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	12	68.05	5.67	.001	34.03	.00
RADIOLOGY	2	4	207.85	51.96	.000	103.93	.01
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,055
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

					----- MONTHLY AVERAGE -----			
14,889 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	2,029	7,478	\$ 810,362.87	\$ 108.37	.502	\$ 399.39	\$ 54.43	
COMM HOSP INPATIENT TOTAL	284	218	654,769.81	3003.53	.015	2305.53	43.98	
HSC HOSPITALS	7	45	46,541.35	1034.25	.003	6648.76	3.13	
NON-HSC HOSPITALS TOTAL	25	173	398,695.58	2304.60	.012	15947.82	26.78	
ACCOMMODATIONS	25	173	126,945.33	733.79	.012	5077.81	8.53	

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	25	173		126,945.33	733.79	.012	5077.81	8.53
ANCILLARIES	25	0		271,750.25	.00	.000	10870.01	18.25
INPATIENT CROSSOVERS	253	0		209,532.88	.00	.000	828.19	14.07
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,898	7,260		155,593.06	21.43	.488	81.98	10.45
MEDICAL	62	132		8,042.21	60.93	.009	129.71	.54
SURGERY	14	14		615.53	43.97	.001	43.97	.04
PATHOLOGY	152	461		5,839.30	12.67	.031	38.42	.39
RADIOLOGY	54	80		9,602.72	120.03	.005	177.83	.64
ROOM USE	48	64		2,876.45	44.94	.004	59.93	.19
CROSSOVERS/ALL OTH OUTPTNT	1,734	6,509		128,616.85	19.76	.437	74.17	8.64
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	403	7,821	\$	1,197,081.43	\$ 153.06	.525	\$ 2970.43	\$ 80.40
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	403	7,821		1,197,081.43	153.06	.525	2970.43	80.40
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	53	76	\$	33,453.17	\$ 440.17	.005	\$ 631.19	\$ 2.25
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	53	76		33,453.17	440.17	.005	631.19	2.25
@REHABILITATION FACILITY	3	17	\$	391.61	\$ 23.04	.001	\$ 130.54	\$.03
HOSPITAL BASED	3	17		391.61	23.04	.001	130.54	.03
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	79	225	\$	3,835.76	\$ 17.05	.015	\$ 48.55	\$.26
PATHOLOGY	71	212		3,681.76	17.37	.014	51.86	.25
XO AND OTHERS	8	13		154.00	11.85	.001	19.25	.01
@ORGANIZED OUTPATIENT CLINIC	1,525	2,766	\$	174,795.77	\$ 63.19	.186	\$ 114.62	\$ 11.74
CLINIC	56	81		6,320.07	78.03	.005	112.86	.42
SURGICENTER	15	28		3,290.12	117.50	.002	219.34	.22
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,464	2,657		165,185.58	62.17	.178	112.83	11.09

#CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	14,889 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,481	55,318	\$	401,635.69	\$ 7.26	3.715	\$ 161.88	\$ 26.98
DURABLE MED. EQUIP.	77	229		24,398.64	106.54	.015	316.87	1.64
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	223	417		38,698.24	92.80	.028	173.53	2.60
MEDICAL TRANSPORTATION	396	13,321		68,211.51	5.12	.895	172.25	4.58
AMBULANCES/AIR TRANS	54	226		5,978.28	26.45	.015	110.71	.40
OTHER TRANS	340	12,897		61,311.84	4.75	.866	180.33	4.12
OTHER SERVICES	27	198		921.39	4.65	.013	34.13	.06
ACUPUNCTURE	12	18		313.58	17.42	.001	26.13	.02

ADULT DAY HEALTH CARE CTR	84	1,006	70,067.08	69.65	.068	834.13	4.71
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	220	2,149	120,299.97	55.98	.144	546.82	8.08
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	307	700	8,139.98	11.63	.047	26.51	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	11	13	7.10	.55	.001	.65	.00
PROSTHETIST/ORTHOTISTS	7	25	1,613.23	64.53	.002	230.46	.11
PROSTHETICS	7	25	1,613.23	64.53	.002	230.46	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	19	36	4,588.47	127.46	.002	241.50	.31
HOSPICE SERVICES	8	172	11,616.21	67.54	.012	1452.03	.78
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,384	37,232	53,681.68	1.44	2.501	38.79	3.61
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4,619	27,279	\$ 799,583.09	\$ 29.31	1.832	\$ 173.11	\$ 53.70

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,057
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 BUTTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

61 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	60	1,661	\$ 38,737.61	\$ 23.32	27.230	\$ 645.63	\$ 635.04
@PHYSICIANS SERVICES	20	50	\$ 1,048.77	\$ 20.98	.820	\$ 52.44	\$ 17.19
OUTPATIENT VISITS	1	1	40.91	40.91	.016	40.91	.67
OFFICE VISITS	1	1	40.91	40.91	.016	40.91	.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	45.33	22.67	.033	45.33	.74
EXAMINATIONS	1	2	45.33	22.67	.033	45.33	.74
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	6.06	6.06	.016	6.06	.10

RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	18	46		956.47		20.79	.754	53.14	15.68
@PHARMACY	48	1,059	\$	17,643.39	\$	16.66	17.361	\$ 367.57	\$ 289.24
PRESCRIPTION DRUGS	48	214		17,074.67		79.79	3.508	355.72	279.91
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	48	214		17,074.67		79.79	3.508	355.72	279.91
MEDICAL SUPPLIES	7	845		568.72		.67	13.852	81.25	9.32
@DENTIST	4	19	\$	1,329.00	\$	69.95	.311	\$ 332.25	\$ 21.79
VISITS - DIAGNOSTIC	3	11		145.00		13.18	.180	48.33	2.38
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	6		284.00		47.33	.098	284.00	4.66
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		900.00		450.00	.033	900.00	14.75
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
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BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								
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61 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 19.73	\$ 19.73	.016	\$ 19.73	\$.32
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	19.73	19.73	.016	19.73	.32
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	12	67	\$ 2,315.05	\$ 34.55	1.098	\$ 192.92	\$ 37.95
HOSP INPATIENT TOTAL	2	0	1,680.00	.00	.000	840.00	27.54
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	2	0	1,680.00	.00	.000	840.00	27.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12	67	635.05	9.48	1.098	52.92	10.41
MEDICAL	1	2	18.89	9.45	.033	18.89	.31
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.13	35.13	.016	35.13	.58
CROSSOVERS/ALL OTH OUTPTNT	10	64	581.03	9.08	1.049	58.10	9.53
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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BUTTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

61 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	12	67	\$ 2,315.05	\$ 34.55	1.098	\$ 192.92	\$ 37.95
COMM HOSP INPATIENT TOTAL	2	0	1,680.00	.00	.000	840.00	27.54
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	1,680.00	.00	.000	840.00	27.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12	67	635.05	9.48	1.098	52.92	10.41
MEDICAL	1	2	18.89	9.45	.033	18.89	.31
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.13	35.13	.016	35.13	.58
CROSSOVERS/ALL OTH OUTPTNT	10	64	581.03	9.08	1.049	58.10	9.53
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00	
ICF DD	0	0		.00		.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	5	8	\$	1,262.54	\$	157.82	.131	\$ 252.51	\$ 20.70	
CLINIC	0	0		.00		.00	.000	.00	.00	
SURGICENTER	2	2		397.84		198.92	.033	198.92	6.52	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	3	6		864.70		144.12	.098	288.23	14.18	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									PAGE 1,060
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BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND									AID CODE 24

61 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	19	457	\$ 15,119.13	\$ 33.08	7.492	\$ 795.74	\$ 247.85
DURABLE MED. EQUIP.	1	2	95.24	47.62	.033	95.24	1.56
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	184	615.25	3.34	3.016	87.89	10.09
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	7	184	615.25	3.34	3.016	87.89	10.09
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	9	125	8,707.94	69.66	2.049	967.55	142.75
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	7	130	5,526.03	42.51	2.131	789.43	90.59
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	39.84	19.92	.033	39.84	.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	14	134.83	9.63	.230	16.85	2.21
@CALIF. CHILDREN SERVICES*	3	2	\$ 1,102.71	\$ 551.36	.033	\$ 367.57	\$ 18.08
@XOVER EXCLUDING STATE HOSP**	26	127	\$ 3,708.90	\$ 29.20	2.082	\$ 142.65	\$ 60.80

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

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	12,226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12,160	230,170	\$	10,716,505.41	\$ 46.56	18.826	\$ 881.29	\$ 876.53
@PHYSICIANS SERVICES	2,785	11,875	\$	407,971.70	\$ 34.36	.971	\$ 146.49	\$ 33.37
OUTPATIENT VISITS	605	900		31,857.85	35.40	.074	52.66	2.61
OFFICE VISITS	520	761		23,336.65	30.67	.062	44.88	1.91
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	79	100		7,227.43	72.27	.008	91.49	.59
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	33	39		1,293.77	33.17	.003	39.21	.11
INPATIENT VISITS	231	1,352		62,991.01	46.59	.111	272.69	5.15
HOSPITAL VISITS	225	1,273		50,607.37	39.75	.104	224.92	4.14
CRITICAL CARE	19	76		12,237.60	161.02	.006	644.08	1.00
SNF/ICF/TRANS IP CARE	3	3		146.04	48.68	.000	48.68	.01
OPHTHALMOLOGICAL SERVICES	70	89		3,720.08	41.80	.007	53.14	.30
EXAMINATIONS	70	89		3,720.08	41.80	.007	53.14	.30
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	122	970		70,101.90	72.27	.079	574.61	5.73
PRINCIPAL SURGEON	104	293		58,782.98	200.62	.024	565.22	4.81
ASSISTANT SURGEON	8	10		2,388.90	238.89	.001	298.61	.20
ANESTHESIOLOGIST	29	667		8,930.02	13.39	.055	307.93	.73

OUTPATIENT SURGERY	144	363		38,383.08	105.74	.030	266.55	3.14
PRINCIPAL SURGEON	125	180		34,304.50	190.58	.015	274.44	2.81
ASSISTANT SURGEON	2	2		297.84	148.92	.000	148.92	.02
ANESTHESIOLOGIST	23	181		3,780.74	20.89	.015	164.38	.31
DIALYSIS	13	37		3,366.96	91.00	.003	259.00	.28
PATHOLOGY	97	314		6,839.59	21.78	.026	70.51	.56
RADIOLOGY	566	1,599		60,437.65	37.80	.131	106.78	4.94
PSYCHIATRY	1	1		25.96	25.96	.000	25.96	.00
IMMUNIZATION AND INJECTION	44	567		36,922.38	65.12	.046	839.15	3.02
OTHER SERVICES/ALL X-OVERS	1,775	5,683		93,325.24	16.42	.465	52.58	7.63
@PHARMACY	9,609	95,293	\$	5,822,508.07	\$ 61.10	7.794	\$ 605.94	\$ 476.24
PRESCRIPTION DRUGS	9,453	51,347		5,589,131.42	108.85	4.200	591.25	457.15
SNF/ICF	87	743		48,348.60	65.07	.061	555.73	3.95
OUTPATIENTS	9,379	50,604		5,540,782.82	109.49	4.139	590.76	453.20
MEDICAL SUPPLIES	1,236	43,946		233,376.65	5.31	3.594	188.82	19.09
@DENTIST	502	2,260	\$	109,320.37	\$ 48.37	.185	\$ 217.77	\$ 8.94
VISITS - DIAGNOSTIC	313	1,195		15,691.65	13.13	.098	50.13	1.28
ORAL SURGERY	83	304		15,981.25	52.57	.025	192.55	1.31
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	4	4		500.00	125.00	.000	125.00	.04
PERIODONTICS	30	30		3,233.00	107.77	.002	107.77	.26
ENDODONTICS	46	64		15,360.00	240.00	.005	333.91	1.26
RESTORATIVE DENTISTRY	169	421		28,351.25	67.34	.034	167.76	2.32
PROSTHETICS	5	5		150.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	74	233		29,757.00	127.71	.019	402.12	2.43
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		296.22	.00	.000	.00	.02
ORTHODONTIC SERVICES	1	1		.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	2		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 1,062
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							

----- MONTHLY AVERAGE -----								
12,226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	368	963	\$ 18,532.85	\$ 19.24	.079	\$ 50.36	\$ 1.52	
DIAGNOSTIC AND ANC. PROCED	94	99	4,288.62	43.32	.008	45.62	.35	
EYE APPLIANCES	291	793	12,833.37	16.18	.065	44.10	1.05	
OTHER OPTOMETRIC SERVICES	51	71	1,410.86	19.87	.006	27.66	.12	
@CHIROPRACTOR	2	2	\$ 33.44	\$ 16.72	.000	\$ 16.72	\$.00	
VISITS	1	1	16.72	16.72	.000	16.72	.00	
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00	
@PODIATRIST	101	282	\$ 2,818.05	\$ 9.99	.023	\$ 27.90	\$.23	
MEDICINE/INJECTIONS	14	20	506.55	25.33	.002	36.18	.04	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	2	2	41.52	20.76	.000	20.76	.00	
OTHER	87	260	2,269.98	8.73	.021	26.09	.19	
@HOME HEALTH AGENCY	86	13,425	\$ 409,603.97	\$ 30.51	1.098	\$ 4762.84	\$ 33.50	
NURSE ANESTHESIST	14	196	\$ 1,291.95	\$ 6.59	.016	\$ 92.28	\$.11	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	1	1	\$ 57.20	\$ 57.20	.000	\$ 57.20	\$.00	
@TOTAL HOSPITAL	2,546	13,510	\$ 2,543,271.74	\$ 188.25	1.105	\$ 998.93	\$ 208.02	
HOSP INPATIENT TOTAL	261	966	2,176,175.86	2252.77	.079	8337.84	178.00	
HSC HOSPITALS	14	132	164,366.00	1245.20	.011	11740.43	13.44	

NON-HSC HOSPITAL TOTAL	134	834	1,905,396.56	2284.65	.068	14219.38	155.85
ACCOMMODATIONS	134	834	609,671.53	731.02	.068	4549.79	49.87
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	134	834	609,671.53	731.02	.068	4549.79	49.87
ANCILLARIES	134	0	1,295,725.03	.00	.000	9669.59	105.98
INPATIENT CROSSOVERS	114	0	106,413.30	.00	.000	933.45	8.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,438	12,544	367,095.88	29.26	1.026	150.57	30.03
MEDICAL	448	873	63,439.66	72.67	.071	141.61	5.19
SURGERY	101	117	6,103.12	52.16	.010	60.43	.50
PATHOLOGY	627	2,954	35,247.12	11.93	.242	56.22	2.88
RADIOLOGY	366	808	69,461.06	85.97	.066	189.78	5.68
ROOM USE	465	753	32,390.93	43.02	.062	69.66	2.65
CROSSOVERS/ALL OTH OUTPTNT	1,650	7,039	160,453.99	22.79	.576	97.24	13.12
@COUNTY HOSPITAL TOTAL	2	6	\$ 116.53	\$ 19.42	.000	\$ 58.27	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	6	116.53	19.42	.000	58.27	.01
MEDICAL	1	1	42.57	42.57	.000	42.57	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	36.88	36.88	.000	36.88	.00
CROSSOVERS/ALL OTH OUTPTNT	1	4	37.08	9.27	.000	37.08	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,063
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

12,226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,545	13,504	\$ 2,543,155.21	\$ 188.33	1.105	\$ 999.28	\$ 208.01
COMM HOSP INPATIENT TOTAL	261	966	2,176,175.86	2252.77	.079	8337.84	178.00
HSC HOSPITALS	14	132	164,366.00	1245.20	.011	11740.43	13.44
NON-HSC HOSPITALS TOTAL	134	834	1,905,396.56	2284.65	.068	14219.38	155.85
ACCOMMODATIONS	134	834	609,671.53	731.02	.068	4549.79	49.87
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	134	834	609,671.53	731.02	.068	4549.79	49.87
ANCILLARIES	134	0	1,295,725.03	.00	.000	9669.59	105.98
INPATIENT CROSSOVERS	114	0	106,413.30	.00	.000	933.45	8.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,437	12,538	366,979.35	29.27	1.026	150.59	30.02
MEDICAL	447	872	63,397.09	72.70	.071	141.83	5.19
SURGERY	101	117	6,103.12	52.16	.010	60.43	.50
PATHOLOGY	627	2,954	35,247.12	11.93	.242	56.22	2.88
RADIOLOGY	366	808	69,461.06	85.97	.066	189.78	5.68
ROOM USE	464	752	32,354.05	43.02	.062	69.73	2.65

CROSSOVERS/ALL OTH OUTPTNT	1,650	7,035		160,416.91	22.80	.575	97.22	13.12
@STATE HOSPITAL	0	0	\$	.00	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	87	1,913	\$	282,766.86	147.81	.156	\$ 3250.19	\$ 23.13
LEV A-INTERMEDIATE	4	163		12,729.58	78.10	.013	3182.40	1.04
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	83	1,750		270,037.28	154.31	.143	3253.46	22.09
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	137	708	\$	114,727.05	162.04	.058	\$ 837.42	\$ 9.38
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	137	708		114,727.05	162.04	.058	837.42	9.38
@REHABILITATION FACILITY	51	723	\$	14,355.66	19.86	.059	\$ 281.48	\$ 1.17
HOSPITAL BASED	35	275		7,390.47	26.87	.022	211.16	.60
INDEPENDENT FACILITY	16	448		6,965.19	15.55	.037	435.32	.57
@LABORATORY FACILITY	297	1,435	\$	24,455.70	17.04	.117	\$ 82.34	\$ 2.00
PATHOLOGY	288	1,417		24,349.80	17.18	.116	84.55	1.99
XO AND OTHERS	9	18		105.90	5.88	.001	11.77	.01
@ORGANIZED OUTPATIENT CLINIC	2,872	5,667	\$	464,539.63	81.97	.464	\$ 161.75	\$ 38.00
CLINIC	102	169		18,492.08	109.42	.014	181.29	1.51
SURGICENTER	17	104		3,759.25	36.15	.009	221.13	.31
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,793	5,394		442,288.30	82.00	.441	158.36	36.18

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,064
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	12,226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,887	81,917	\$	500,251.17	\$ 6.11	6.700	\$ 265.10	\$ 40.92
DURABLE MED. EQUIP.	178	502		56,492.37	112.53	.041	317.37	4.62
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	23	59		4,671.35	79.18	.005	203.10	.38
MEDICAL TRANSPORTATION	318	20,359		91,126.69	4.48	1.665	286.56	7.45
AMBULANCES/AIR TRANS	139	1,087		21,038.66	19.35	.089	151.36	1.72
OTHER TRANS	176	19,193		67,064.98	3.49	1.570	381.05	5.49
OTHER SERVICES	12	79		3,023.05	38.27	.006	251.92	.25
ACUPUNCTURE	28	49		859.64	17.54	.004	30.70	.07
ADULT DAY HEALTH CARE CTR	40	747		52,028.46	69.65	.061	1300.71	4.26
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	153	4,516		166,599.20	36.89	.369	1088.88	13.63
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	321	724		7,952.44	10.98	.059	24.77	.65
PHYSICAL THERAPIST	6	48		693.06	14.44	.004	115.51	.06
PORTABLE X-RAY	4	7		2.18	.31	.001	.55	.00
PROSTHETIST/ORTHOTISTS	19	49		4,471.62	91.26	.004	235.35	.37
PROSTHETICS	16	40		3,267.44	81.69	.003	204.22	.27
ORTHOTICS	3	9		1,204.18	133.80	.001	401.39	.10
PSYCHOLOGIST	1	1		75.96	75.96	.000	75.96	.01
SPEECH AND AUDIOLOGY	24	89		7,640.94	85.85	.007	318.37	.62

HOSPICE SERVICES	19	345	40,203.31	116.53	.028	2115.96	3.29
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	34	422	2,688.89	6.37	.035	79.09	.22
EPSDT SUPPLEMENTAL SERVICE	5	405	11,785.56	29.10	.033	2357.11	.96
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	891	53,595	52,959.50	.99	4.384	59.44	4.33
@CALIF. CHILDREN SERVICES*	66	1,117	\$ 131,014.25	\$ 117.29	.091	\$ 1985.06	\$ 10.72
@XOVER EXCLUDING STATE HOSP**	3,152	34,231	\$ 484,486.76	\$ 14.15	2.800	\$ 153.71	\$ 39.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,065
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

204,822 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	101,373	526,959	\$ 34,115,606.66	\$ 64.74	2.573	\$ 336.54	\$ 166.56
@PHYSICIANS SERVICES	21,309	56,691	\$ 2,796,618.84	\$ 49.33	.277	\$ 131.24	\$ 13.65
OUTPATIENT VISITS	10,218	12,744	565,998.71	44.41	.062	55.39	2.76
OFFICE VISITS	7,396	8,919	319,078.12	35.78	.044	43.14	1.56
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,135	2,389	135,498.91	56.72	.012	63.47	.66
PREVENTIVE CARE	18	20	828.10	41.41	.000	46.01	.00
OB VISITS/COMPRE PERI	681	1,110	101,106.11	91.09	.005	148.47	.49
OTHER OUTPATIENT	268	306	9,487.47	31.00	.001	35.40	.05
INPATIENT VISITS	1,488	5,288	304,367.32	57.56	.026	204.55	1.49
HOSPITAL VISITS	1,429	4,502	190,847.82	42.39	.022	133.55	.93
CRITICAL CARE	140	761	112,487.40	147.82	.004	803.48	.55
SNF/ICF/TRANS IP CARE	8	25	1,032.10	41.28	.000	129.01	.01
OPHTHALMOLOGICAL SERVICES	664	745	31,006.74	41.62	.004	46.70	.15

EXAMINATIONS	663	744		30,986.74	41.65	.004	46.74	.15
SERVICES AND MATERIALS	1	1		20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	1,355	7,079		811,688.68	114.66	.035	599.03	3.96
PRINCIPAL SURGEON	965	1,345		682,550.95	507.47	.007	707.31	3.33
ASSISTANT SURGEON	178	179		31,260.35	174.64	.001	175.62	.15
ANESTHESIOLOGIST	433	5,555		97,877.38	17.62	.027	226.04	.48
OUTPATIENT SURGERY	1,923	6,006		382,098.51	63.62	.029	198.70	1.87
PRINCIPAL SURGEON	1,587	2,104		310,625.50	147.64	.010	195.73	1.52
ASSISTANT SURGEON	29	29		2,714.91	93.62	.000	93.62	.01
ANESTHESIOLOGIST	429	3,873		68,758.10	17.75	.019	160.28	.34
DIALYSIS	15	22		3,141.04	142.77	.000	209.40	.02
PATHOLOGY	1,215	2,069		55,657.15	26.90	.010	45.81	.27
RADIOLOGY	8,495	13,345		405,437.89	30.38	.065	47.73	1.98
PSYCHIATRY	4	6		220.90	36.82	.000	55.23	.00
IMMUNIZATION AND INJECTION	307	1,217		41,758.91	34.31	.006	136.02	.20
OTHER SERVICES/ALL X-OVERS	2,776	8,170		195,242.99	23.90	.040	70.33	.95
@PHARMACY	51,918	160,665	\$	8,347,379.81	51.96	.784	160.78	40.75
PRESCRIPTION DRUGS	51,444	135,952		8,170,220.14	60.10	.664	158.82	39.89
SNF/ICF	45	331		57,960.18	175.11	.002	1288.00	.28
OUTPATIENTS	51,409	135,621		8,112,259.96	59.82	.662	157.80	39.61
MEDICAL SUPPLIES	1,837	24,713		177,159.67	7.17	.121	96.44	.86
@DENTIST	7,648	38,047	\$	1,325,587.33	34.84	.186	173.32	6.47
VISITS - DIAGNOSTIC	5,522	24,379		366,827.27	15.05	.119	66.43	1.79
ORAL SURGERY	1,092	2,479		151,853.74	61.26	.012	139.06	.74
DRUGS	188	211		4,950.00	23.46	.001	26.33	.02
ANESTHESIA	53	54		4,785.00	88.61	.000	90.28	.02
PERIODONTICS	236	245		26,387.00	107.70	.001	111.81	.13
ENDODONTICS	689	1,129		205,191.05	181.75	.006	297.81	1.00
RESTORATIVE DENTISTRY	2,663	8,043		435,071.14	54.09	.039	163.38	2.12
PROSTHETICS	26	27		818.50	30.31	.000	31.48	.00
DENTURES, STAYPLATES	148	528		50,358.14	95.38	.003	340.26	.25
SPACE MAINTAINERS	49	60		6,050.90	100.85	.000	123.49	.03
MAXILLOFACIAL SERVICES	14	44		16,775.84	381.27	.000	1198.27	.08
FRACTURES, DISLOCATIONS	2	3		2,280.00	760.00	.000	1140.00	.01
ORTHODONTIC SERVICES	540	658		50,742.50	77.12	.003	93.97	.25
ALL OTHER SERVICES	155	187		3,496.25	18.70	.001	22.56	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 1,066
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K							

----- MONTHLY AVERAGE -----								
204,822 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	2,874	7,591 \$	169,794.47	\$ 22.37	.037	\$ 59.08	\$.83	
DIAGNOSTIC AND ANC. PROCED	1,985	2,086	87,976.76	42.17	.010	44.32	.43	
EYE APPLIANCES	1,953	5,409	80,053.67	14.80	.026	40.99	.39	
OTHER OPTOMETRIC SERVICES	86	96	1,764.04	18.38	.000	20.51	.01	
@CHIROPRACTOR	315	515 \$	8,518.84	\$ 16.54	.003	\$ 27.04	\$.04	
VISITS	315	515	8,518.84	16.54	.003	27.04	.04	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	105	190 \$	4,625.00	\$ 24.34	.001	\$ 44.05	\$.02	
MEDICINE/INJECTIONS	81	111	3,253.55	29.31	.001	40.17	.02	
SURGERY/ANES.	8	13	778.75	59.90	.000	97.34	.00	
RADIO./PATHOLOGY	18	21	382.33	18.21	.000	21.24	.00	
OTHER	15	45	210.37	4.67	.000	14.02	.00	
@HOME HEALTH AGENCY	372	2,047 \$	88,280.45	\$ 43.13	.010	\$ 237.31	\$.43	
NURSE ANESTHESIST	263	3,149 \$	33,613.30	\$ 10.67	.015	\$ 127.81	\$.16	

NURSE MIDWIFE	1,211	7,197	\$	236,494.75	\$	32.86	.035	\$	195.29	\$	1.15
PEDIATRIC NURSE PRACTITIONER	2	2	\$	58.30	\$	29.15	.000	\$	29.15	\$	.00
FAMILY NURSE PRACTITIONER	132	300	\$	4,907.09	\$	16.36	.001	\$	37.17	\$	.02
@TOTAL HOSPITAL	28,689	114,653	\$	13,777,517.93	\$	120.17	.560	\$	480.24	\$	67.27
HOSP INPATIENT TOTAL	1,612	6,856		10,377,485.84		1513.64	.033		6437.65		50.67
HSC HOSPITALS	179	1,371		1,960,533.20		1430.00	.007		10952.70		9.57
NON-HSC HOSPITAL TOTAL	1,425	5,485		8,397,730.60		1531.04	.027		5893.14		41.00
ACCOMMODATIONS	1,420	5,485		2,763,516.16		503.83	.027		1946.14		13.49
ADMINISTRATIVE DAYS	1	3		693.90		231.30	.000		693.90		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,419	5,482		2,762,822.26		503.98	.027		1947.02		13.49
ANCILLARIES	1,425	0		5,634,214.44		.00	.000		3953.83		27.51
INPATIENT CROSSOVERS	23	0		19,222.04		.00	.000		835.74		.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	27,982	107,797		3,400,032.09		31.54	.526		121.51		16.60
MEDICAL	15,769	23,241		1,036,696.64		44.61	.113		65.74		5.06
SURGERY	1,842	2,218		120,681.17		54.41	.011		65.52		.59
PATHOLOGY	9,628	33,815		448,652.05		13.27	.165		46.60		2.19
RADIOLOGY	6,365	8,739		586,206.61		67.08	.043		92.10		2.86
ROOM USE	18,037	24,386		925,125.05		37.94	.119		51.29		4.52
CROSSOVERS/ALL OTH OUTPTNT	7,477	15,398		282,670.57		18.36	.075		37.81		1.38
@COUNTY HOSPITAL TOTAL	31	101	\$	23,445.46	\$	232.13	.000	\$	756.31	\$	.11
CO HOSPITAL INPATIENT TOTAL	6	16		20,316.03		1269.75	.000		3386.01		.10
HSC HOSPITALS	6	16		20,316.03		1269.75	.000		3386.01		.10
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	27	85		3,129.43		36.82	.000		115.90		.02
MEDICAL	10	14		727.34		51.95	.000		72.73		.00
SURGERY	2	2		76.08		38.04	.000		38.04		.00
PATHOLOGY	6	19		179.44		9.44	.000		29.91		.00
RADIOLOGY	6	8		847.84		105.98	.000		141.31		.00
ROOM USE	22	26		1,019.33		39.21	.000		46.33		.00
CROSSOVERS/ALL OTH OUTPTNT	9	16		279.40		17.46	.000		31.04		.00

#CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

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03/14/05

204,822 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28,667	114,552	\$ 13,754,072.47	\$ 120.07	.559	\$ 479.79	\$ 67.15
COMM HOSP INPATIENT TOTAL	1,606	6,840	10,357,169.81	1514.21	.033	6449.05	50.57
HSC HOSPITALS	173	1,355	1,940,217.17	1431.89	.007	11215.13	9.47
NON-HSC HOSPITALS TOTAL	1,425	5,485	8,397,730.60	1531.04	.027	5893.14	41.00
ACCOMMODATIONS	1,420	5,485	2,763,516.16	503.83	.027	1946.14	13.49
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,419	5,482	2,762,822.26	503.98	.027	1947.02	13.49
ANCILLARIES	1,425	0	5,634,214.44	.00	.000	3953.83	27.51
INPATIENT CROSSOVERS	23	0	19,222.04	.00	.000	835.74	.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	27,963	107,712		3,396,902.66		31.54	.526	121.48	16.58
MEDICAL	15,760	23,227		1,035,969.30		44.60	.113	65.73	5.06
SURGERY	1,840	2,216		120,605.09		54.42	.011	65.55	.59
PATHOLOGY	9,623	33,796		448,472.61		13.27	.165	46.60	2.19
RADIOLOGY	6,360	8,731		585,358.77		67.04	.043	92.04	2.86
ROOM USE	18,021	24,360		924,105.72		37.94	.119	51.28	4.51
CROSSOVERS/ALL OTH OUTPTNT	7,470	15,382		282,391.17		18.36	.075	37.80	1.38
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	18	538	\$	85,143.22	\$	158.26	.003	4730.18	.42
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	18	538		85,143.22		158.26	.003	4730.18	.42
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	29	861	\$	41,609.85	\$	48.33	.004	1434.82	.20
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	29	861		41,609.85		48.33	.004	1434.82	.20
@REHABILITATION FACILITY	290	2,317	\$	53,681.85	\$	23.17	.011	185.11	.26
HOSPITAL BASED	270	1,923		47,777.14		24.85	.009	176.95	.23
INDEPENDENT FACILITY	20	394		5,904.71		14.99	.002	295.24	.03
@LABORATORY FACILITY	5,612	16,088	\$	274,266.01	\$	17.05	.079	48.87	1.34
PATHOLOGY	5,612	16,086		274,243.21		17.05	.079	48.87	1.34
XO AND OTHERS	2	2		22.80		11.40	.000	11.40	.00
@ORGANIZED OUTPATIENT CLINIC	33,211	55,561	\$	6,134,508.14	\$	110.41	.271	184.71	29.95
CLINIC	1,893	6,346		277,721.04		43.76	.031	146.71	1.36
SURGICENTER	97	597		21,189.55		35.49	.003	218.45	.10
HEROIN DETOX CLINIC	8	152		1,758.48		11.57	.001	219.81	.01
RURAL HEALTH CLINIC	31,567	48,466		5,833,839.07		120.37	.237	184.81	28.48

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,068
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	204,822 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10,886	60,547	\$	733,001.48	\$ 12.11	.296	\$ 67.33	\$ 3.58
DURABLE MED. EQUIP.	374	1,169		56,960.56	48.73	.006	152.30	.28
BLOOD BANK	5	3,969		11,907.00	3.00	.019	2381.40	.06
HEARING AID DISPENSERS	24	52		3,826.77	73.59	.000	159.45	.02
MEDICAL TRANSPORTATION	1,143	14,693		298,934.94	20.35	.072	261.54	1.46
AMBULANCES/AIR TRANS	1,116	14,154		203,363.82	14.37	.069	182.23	.99
OTHER TRANS	24	487		3,396.12	6.97	.002	141.51	.02
OTHER SERVICES	51	52		92,175.00	1772.60	.000	1807.35	.45
ACUPUNCTURE	44	73		1,377.11	18.86	.000	31.30	.01
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	248	249		26,145.00	105.00	.001	105.42	.13
IHMC,MODEL-NF,NF,AIDS,MSSP	31	161		17,173.44	106.67	.001	553.98	.08
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2,088	4,559		40,630.93	8.91	.022	19.46	.20
PHYSICAL THERAPIST	120	1,183		17,522.99	14.81	.006	146.02	.09

PORTABLE X-RAY	1	1	.61	.61	.000	.61	.00
PROSTHETIST/ORTHOTISTS	103	169	16,985.11	100.50	.001	164.90	.08
PROSTHETICS	100	165	16,769.53	101.63	.001	167.70	.08
ORTHOTICS	3	4	215.58	53.90	.000	71.86	.00
PSYCHOLOGIST	8	30	1,523.30	50.78	.000	190.41	.01
SPEECH AND AUDIOLOGY	377	1,099	51,950.40	47.27	.005	137.80	.25
HOSPICE SERVICES	3	28	3,388.28	121.01	.000	1129.43	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6,149	18,216	168,379.98	9.24	.089	27.38	.82
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	326	14,896	16,295.06	1.09	.073	49.98	.08
@CALIF. CHILDREN SERVICES*	585	21,882	\$ 1,827,324.66	\$ 83.51	.107	\$ 3123.63	\$ 8.92
@XOVER EXCLUDING STATE HOSP**	528	3,213	\$ 64,493.34	\$ 20.07	.016	\$ 122.15	\$.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,069
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL	

231,998 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	126,992	953,844	\$ 51,424,456.44	\$ 53.91	4.111	\$ 404.94	\$ 221.66
@PHYSICIANS SERVICES	26,484	75,864	\$ 3,369,042.63	\$ 44.41	.327	\$ 127.21	\$ 14.52
OUTPATIENT VISITS	10,936	13,790	603,142.05	43.74	.059	55.15	2.60
OFFICE VISITS	8,021	9,818	347,203.20	35.36	.042	43.29	1.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,219	2,494	143,123.80	57.39	.011	64.50	.62
PREVENTIVE CARE	18	20	828.10	41.41	.000	46.01	.00
OB VISITS/COMPRE PERI	681	1,110	101,106.11	91.09	.005	148.47	.44
OTHER OUTPATIENT	304	348	10,880.84	31.27	.002	35.79	.05
INPATIENT VISITS	1,771	6,894	378,461.99	54.90	.030	213.70	1.63
HOSPITAL VISITS	1,696	6,004	251,056.25	41.81	.026	148.03	1.08
CRITICAL CARE	162	846	125,819.40	148.72	.004	776.66	.54
SNF/ICF/TRANS IP CARE	24	44	1,586.34	36.05	.000	66.10	.01
OPHTHALMOLOGICAL SERVICES	748	850	35,319.81	41.55	.004	47.22	.15
EXAMINATIONS	747	849	35,299.81	41.58	.004	47.26	.15
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	1,503	8,274	902,592.79	109.09	.036	600.53	3.89
PRINCIPAL SURGEON	1,091	1,793	759,015.80	423.32	.008	695.71	3.27
ASSISTANT SURGEON	194	197	35,428.41	179.84	.001	182.62	.15
ANESTHESIOLOGIST	466	6,284	108,148.58	17.21	.027	232.08	.47
OUTPATIENT SURGERY	2,097	6,518	429,130.92	65.84	.028	204.64	1.85
PRINCIPAL SURGEON	1,737	2,311	352,772.29	152.65	.010	203.09	1.52
ASSISTANT SURGEON	31	31	3,012.75	97.19	.000	97.19	.01
ANESTHESIOLOGIST	458	4,176	73,345.88	17.56	.018	160.14	.32
DIALYSIS	28	59	6,508.00	110.31	.000	232.43	.03
PATHOLOGY	1,329	2,454	63,398.57	25.83	.011	47.70	.27
RADIOLOGY	9,171	15,189	475,366.17	31.30	.065	51.83	2.05
PSYCHIATRY	5	7	246.86	35.27	.000	49.37	.00
IMMUNIZATION AND INJECTION	359	2,073	90,779.05	43.79	.009	252.87	.39
OTHER SERVICES/ALL X-OVERS	6,719	19,756	384,096.42	19.44	.085	57.17	1.66
@PHARMACY	72,585	368,213	\$ 17,863,995.19	\$ 48.52	1.587	\$ 246.11	\$ 77.00
PRESCRIPTION DRUGS	71,777	238,303	17,344,741.06	72.78	1.027	241.65	74.76

SNF/ICF	456	3,551	231,324.85	65.14	.015	507.29	1.00
OUTPATIENTS	71,371	234,752	17,113,416.21	72.90	1.012	239.78	73.77
MEDICAL SUPPLIES	4,268	129,910	519,254.13	4.00	.560	121.66	2.24
@DENTIST	8,539	41,810	\$ 1,504,297.85	\$ 35.98	.180	\$ 176.17	\$ 6.48
VISITS - DIAGNOSTIC	6,078	26,521	394,169.42	14.86	.114	64.85	1.70
ORAL SURGERY	1,229	2,910	175,018.99	60.14	.013	142.41	.75
DRUGS	188	211	4,950.00	23.46	.001	26.33	.02
ANESTHESIA	58	59	5,285.00	89.58	.000	91.12	.02
PERIODONTICS	284	293	31,303.00	106.84	.001	110.22	.13
ENDODONTICS	749	1,209	224,032.05	185.30	.005	299.11	.97
RESTORATIVE DENTISTRY	2,908	8,616	475,750.04	55.22	.037	163.60	2.05
PROSTHETICS	35	36	1,073.50	29.82	.000	30.67	.00
DENTURES, STAYPLATES	313	990	113,074.14	114.22	.004	361.26	.49
SPACE MAINTAINERS	49	60	6,050.90	100.85	.000	123.49	.03
MAXILLOFACIAL SERVICES	15	45	16,775.84	372.80	.000	1118.39	.07
FRACTURES, DISLOCATIONS	2	3	2,576.22	858.74	.000	1288.11	.01
ORTHODONTIC SERVICES	541	659	50,742.50	77.00	.003	93.79	.22
ALL OTHER SERVICES	172	198	3,496.25	17.66	.001	20.33	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 1,070
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL						

					----- MONTHLY AVERAGE -----			
231,998 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	3,545	9,323	\$ 202,580.69	\$ 21.73	.040	\$ 57.15	\$.87	
DIAGNOSTIC AND ANC. PROCED	2,117	2,224	93,958.12	42.25	.010	44.38	.40	
EYE APPLIANCES	2,475	6,837	103,536.31	15.14	.029	41.83	.45	
OTHER OPTOMETRIC SERVICES	202	262	5,086.26	19.41	.001	25.18	.02	
@CHIROPRACTOR	327	531	\$ 8,728.47	\$ 16.44	.002	\$ 26.69	\$.04	
VISITS	316	516	8,535.56	16.54	.002	27.01	.04	
OTHER SERVICES	11	15	192.91	12.86	.000	17.54	.00	
@PODIATRIST	504	1,019	\$ 12,379.18	\$ 12.15	.004	\$ 24.56	\$.05	

MEDICINE/INJECTIONS	96	132		3,817.30	28.92	.001	39.76	.02
SURGERY/ANES.	8	13		778.75	59.90	.000	97.34	.00
RADIO./PATHOLOGY	20	23		423.85	18.43	.000	21.19	.00
OTHER	399	851		7,359.28	8.65	.004	18.44	.03
@HOME HEALTH AGENCY	466	15,517	\$	501,061.18	\$ 32.29	.067	\$ 1075.24	\$ 2.16
NURSE ANESTHESIST	281	3,380	\$	35,388.70	\$ 10.47	.015	\$ 125.94	\$.15
NURSE MIDWIFE	1,211	7,197	\$	236,494.75	\$ 32.86	.031	\$ 195.29	\$ 1.02
PEDIATRIC NURSE PRACTITIONER	2	2	\$	58.30	\$ 29.15	.000	\$ 29.15	\$.00
FAMILY NURSE PRACTITIONER	133	301	\$	4,964.29	\$ 16.49	.001	\$ 37.33	\$.02
@TOTAL HOSPITAL	33,280	135,724	\$	17,134,583.49	\$ 126.25	.585	\$ 514.86	\$ 73.86
HOSP INPATIENT TOTAL	2,160	8,040		13,210,951.51	1643.15	.035	6116.18	56.94
HSC HOSPITALS	200	1,548		2,171,440.55	1402.74	.007	10857.20	9.36
NON-HSC HOSPITAL TOTAL	1,584	6,492		10,701,822.74	1648.46	.028	6756.20	46.13
ACCOMMODATIONS	1,579	6,492		3,500,133.02	539.15	.028	2216.68	15.09
ADMINISTRATIVE DAYS	1	3		693.90	231.30	.000	693.90	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,578	6,489		3,499,439.12	539.29	.028	2217.64	15.08
ANCILLARIES	1,584	0		7,201,689.72	.00	.000	4546.52	31.04
INPATIENT CROSSOVERS	393	0		337,688.22	.00	.000	859.26	1.46
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	32,333	127,684		3,923,631.98	30.73	.550	121.35	16.91
MEDICAL	16,280	24,248		1,108,197.40	45.70	.105	68.07	4.78
SURGERY	1,957	2,349		127,399.82	54.24	.010	65.10	.55
PATHOLOGY	10,409	37,242		489,806.52	13.15	.161	47.06	2.11
RADIOLOGY	6,787	9,631		665,478.24	69.10	.042	98.05	2.87
ROOM USE	18,551	25,204		960,427.56	38.11	.109	51.77	4.14
CROSSOVERS/ALL OTH OUTPTNT	10,871	29,010		572,322.44	19.73	.125	52.65	2.47
@COUNTY HOSPITAL TOTAL	38	123	\$	24,677.89	\$ 200.63	.001	\$ 649.42	\$.11
CO HOSPITAL INPATIENT TOTAL	7	16		21,156.03	1322.25	.000	3022.29	.09
HSC HOSPITALS	6	16		20,316.03	1269.75	.000	3386.01	.09
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		840.00	.00	.000	840.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	33	107		3,521.86	32.91	.000	106.72	.02
MEDICAL	11	15		769.91	51.33	.000	69.99	.00
SURGERY	2	2		76.08	38.04	.000	38.04	.00
PATHOLOGY	8	31		247.49	7.98	.000	30.94	.00
RADIOLOGY	8	12		1,055.69	87.97	.000	131.96	.00
ROOM USE	23	27		1,056.21	39.12	.000	45.92	.00
CROSSOVERS/ALL OTH OUTPTNT	11	20		316.48	15.82	.000	28.77	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,071
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

					----- MONTHLY AVERAGE -----			
231,998 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	33,253	135,601	\$ 17,109,905.60	\$ 126.18	.584	\$ 514.54	\$ 73.75	
COMM HOSP INPATIENT TOTAL	2,153	8,024	13,189,795.48	1643.79	.035	6126.24	56.85	
HSC HOSPITALS	194	1,532	2,151,124.52	1404.13	.007	11088.27	9.27	
NON-HSC HOSPITALS TOTAL	1,584	6,492	10,701,822.74	1648.46	.028	6756.20	46.13	
ACCOMMODATIONS	1,579	6,492	3,500,133.02	539.15	.028	2216.68	15.09	

ADMINISTRATIVE DAYS	1	3		693.90	231.30	.000	693.90	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,578	6,489		3,499,439.12	539.29	.028	2217.64	15.08
ANCILLARIES	1,584	0		7,201,689.72	.00	.000	4546.52	31.04
INPATIENT CROSSOVERS	392	0		336,848.22	.00	.000	859.31	1.45
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	32,310	127,577		3,920,110.12	30.73	.550	121.33	16.90
MEDICAL	16,270	24,233		1,107,427.49	45.70	.104	68.07	4.77
SURGERY	1,955	2,347		127,323.74	54.25	.010	65.13	.55
PATHOLOGY	10,402	37,211		489,559.03	13.16	.160	47.06	2.11
RADIOLOGY	6,780	9,619		664,422.55	69.07	.041	98.00	2.86
ROOM USE	18,534	25,177		959,371.35	38.11	.109	51.76	4.14
CROSSOVERS/ALL OTH OUTPTNT	10,864	28,990		572,005.96	19.73	.125	52.65	2.47
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	508	10,272	\$	1,564,991.51	\$	.044	\$	6.75
LEV A-INTERMEDIATE	4	163		12,729.58	78.10	.001	3182.40	.05
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	504	10,109		1,552,261.93	153.55	.044	3079.88	6.69
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	219	1,645	\$	189,790.07	\$	.007	\$	.82
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	219	1,645		189,790.07	115.37	.007	866.62	.82
@REHABILITATION FACILITY	344	3,057	\$	68,429.12	\$	.013	\$	.29
HOSPITAL BASED	308	2,215		55,559.22	25.08	.010	180.39	.24
INDEPENDENT FACILITY	36	842		12,869.90	15.28	.004	357.50	.06
@LABORATORY FACILITY	5,988	17,748	\$	302,557.47	\$	.077	\$	1.30
PATHOLOGY	5,971	17,715		302,274.77	17.06	.076	50.62	1.30
XO AND OTHERS	19	33		282.70	8.57	.000	14.88	.00
@ORGANIZED OUTPATIENT CLINIC	37,613	64,002	\$	6,775,106.08	\$	.276	\$	29.20
CLINIC	2,051	6,596		302,533.19	45.87	.028	147.51	1.30
SURGICENTER	131	731		28,636.76	39.17	.003	218.60	.12
HEROIN DETOX CLINIC	8	152		1,758.48	11.57	.001	219.81	.01
RURAL HEALTH CLINIC	35,827	56,523		6,442,177.65	113.97	.244	179.81	27.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL							
PAGE 1,072								
03/14/05								

ADULT DAY HEALTH CARE CTR	133	1,878	130,803.48	69.65	.008	983.48	.56
GENETIC DISEASE TESTING	248	249	26,145.00	105.00	.001	105.42	.11
IHMC,MODEL-NF,NF,AIDS,MSSP	411	6,956	309,598.64	44.51	.030	753.28	1.33
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,716	5,983	56,723.35	9.48	.026	20.88	.24
PHYSICAL THERAPIST	126	1,231	18,216.05	14.80	.005	144.57	.08
PORTABLE X-RAY	16	21	9.89	.47	.000	.62	.00
PROSTHETIST/ORTHOTISTS	129	243	23,069.96	94.94	.001	178.84	.10
PROSTHETICS	123	230	21,650.20	94.13	.001	176.02	.09
ORTHOTICS	6	13	1,419.76	109.21	.000	236.63	.01
PSYCHOLOGIST	9	31	1,599.26	51.59	.000	177.70	.01
SPEECH AND AUDIOLOGY	420	1,224	64,179.81	52.43	.005	152.81	.28
HOSPICE SERVICES	30	545	55,207.80	101.30	.002	1840.26	.24
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6,184	18,640	171,108.71	9.18	.080	27.67	.74
EPSDT SUPPLEMENTAL SERVICE	5	405	11,785.56	29.10	.002	2357.11	.05
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,609	105,737	123,071.07	1.16	.456	47.17	.53
@CALIF. CHILDREN SERVICES*	654	23,001	\$ 1,959,441.62	\$ 85.19	.099	\$ 2996.09	\$ 8.45
@XOVER EXCLUDING STATE HOSP**	8,325	64,850	\$ 1,352,272.09	\$ 20.85	.280	\$ 162.44	\$ 5.83

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,073
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 BUTTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

422 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	586	13,633	\$ 606,944.01	\$ 44.52	32.306	\$ 1035.74	\$ 1438.26
@PHYSICIANS SERVICES	117	720	\$ 11,733.11	\$ 16.30	1.706	\$ 100.28	\$ 27.80
OUTPATIENT VISITS	5	7	281.58	40.23	.017	56.32	.67
OFFICE VISITS	4	6	267.10	44.52	.014	66.78	.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	14.48	14.48	.002	14.48	.03
INPATIENT VISITS	3	17	645.73	37.98	.040	215.24	1.53
HOSPITAL VISITS	3	17	645.73	37.98	.040	215.24	1.53
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	6	225.03	37.51	.014	56.26	.53
EXAMINATIONS	4	6	225.03	37.51	.014	56.26	.53
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	1CR	611.32CR	611.32	.002CR	.00	1.45CR
PRINCIPAL SURGEON	0	1CR	611.32CR	611.32	.002CR	.00	1.45CR
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	23	3,002.38	130.54	.055	600.48	7.11
PRINCIPAL SURGEON	4	4	2,794.48	698.62	.009	698.62	6.62
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	19	207.90	10.94	.045	103.95	.49
DIALYSIS	8	28	3,270.72	116.81	.066	408.84	7.75
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	8	11		460.17		41.83	.026	57.52	1.09	
PSYCHIATRY	0	0		.00		.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	1	1		10.93		10.93	.002	10.93	.03	
OTHER SERVICES/ALL X-OVERS	96	628		4,447.89		7.08	1.488	46.33	10.54	
@PHARMACY	287	2,030	\$	94,482.40	\$	46.54	4.810	\$ 329.21	\$ 223.89	
PRESCRIPTION DRUGS	283	1,457		92,660.96		63.60	3.453	327.42	219.58	
SNF/ICF	68	479		19,199.54		40.08	1.135	282.35	45.50	
OUTPATIENTS	216	978		73,461.42		75.11	2.318	340.10	174.08	
MEDICAL SUPPLIES	26	573		1,821.44		3.18	1.358	70.06	4.32	
@DENTIST	38	170	\$	3,091.00	\$	18.18	.403	\$ 81.34	\$ 7.32	
VISITS - DIAGNOSTIC	28	78		823.00		10.55	.185	29.39	1.95	
ORAL SURGERY	8	28		1,034.00		36.93	.066	129.25	2.45	
DRUGS	0	0		.00		.00	.000	.00	.00	
ANESTHESIA	0	0		.00		.00	.000	.00	.00	
PERIODONTICS	1	1		118.00		118.00	.002	118.00	.28	
ENDODONTICS	2	5		.00		.00	.012	.00	.00	
RESTORATIVE DENTISTRY	11	28		380.00		13.57	.066	34.55	.90	
PROSTHETICS	1	1		.00		.00	.002	.00	.00	
DENTURES, STAYPLATES	6	24		736.00		30.67	.057	122.67	1.74	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00	
ALL OTHER SERVICES	4	5		.00		.00	.012	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									PAGE 1,074
MOPO24	FEE-FOR-SERVICE/DENTAL									03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED									AID CODE 17 1Y

422 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	13	\$ 255.37	\$ 19.64	.031	\$ 63.84	\$.61
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.005	47.45	.22
EYE APPLIANCES	4	11	160.47	14.59	.026	40.12	.38
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	12	\$ 54.40	\$ 4.53	.028	\$ 5.44	\$.13
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	10	12	54.40	4.53	.028	5.44	.13
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	117	397	\$ 203,272.26	\$ 512.02	.941	\$ 1737.37	\$ 481.69
HOSP INPATIENT TOTAL	26	40	193,028.96	4825.72	.095	7424.19	457.41
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	40	168,000.61	4200.02	.095	84000.31	398.11
ACCOMMODATIONS	2	40	27,983.10	699.58	.095	13991.55	66.31
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	40	27,983.10	699.58	.095	13991.55	66.31
ANCILLARIES	2	0	140,017.51	.00	.000	70008.76	331.80

INPATIENT CROSSOVERS	24	0	25,028.35	.00	.000	1042.85	59.31
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	93	357	10,243.30	28.69	.846	110.14	24.27
MEDICAL	8	13	1,206.97	92.84	.031	150.87	2.86
SURGERY	4	5	933.39	186.68	.012	233.35	2.21
PATHOLOGY	12	33	328.78	9.96	.078	27.40	.78
RADIOLOGY	4	6	865.68	144.28	.014	216.42	2.05
ROOM USE	9	13	1,001.44	77.03	.031	111.27	2.37
CROSSOVERS/ALL OTH OUTPTNT	82	287	5,907.04	20.58	.680	72.04	14.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,075
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 BUTTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

422 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	117	397	\$	203,272.26	\$ 512.02	.941	\$ 1737.37	\$ 481.69
COMM HOSP INPATIENT TOTAL	26	40		193,028.96	4825.72	.095	7424.19	457.41
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	40		168,000.61	4200.02	.095	84000.31	398.11
ACCOMMODATIONS	2	40		27,983.10	699.58	.095	13991.55	66.31
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	40		27,983.10	699.58	.095	13991.55	66.31
ANCILLARIES	2	0		140,017.51	.00	.000	70008.76	331.80
INPATIENT CROSSOVERS	24	0		25,028.35	.00	.000	1042.85	59.31
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	93	357		10,243.30	28.69	.846	110.14	24.27
MEDICAL	8	13		1,206.97	92.84	.031	150.87	2.86
SURGERY	4	5		933.39	186.68	.012	233.35	2.21
PATHOLOGY	12	33		328.78	9.96	.078	27.40	.78
RADIOLOGY	4	6		865.68	144.28	.014	216.42	2.05
ROOM USE	9	13		1,001.44	77.03	.031	111.27	2.37
CROSSOVERS/ALL OTH OUTPTNT	82	287		5,907.04	20.58	.680	72.04	14.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	92	1,980	\$	216,787.74	\$ 109.49	4.692	\$ 2356.39	\$ 513.72
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	17		9,235.34	543.26	.040	4617.67	21.88
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	91	1,963		207,552.40	105.73	4.652	2280.80	491.83
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	27	487	\$	32,957.13	\$ 67.67	1.154	\$ 1220.63	\$ 78.10
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	27	487		32,957.13	67.67	1.154	1220.63	78.10
@REHABILITATION FACILITY	1	21	\$	147.76	\$ 7.04	.050	\$ 147.76	\$.35
HOSPITAL BASED	1	21		147.76	7.04	.050	147.76	.35
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	13	84	\$	611.39	\$ 7.28	.199	\$ 47.03	\$ 1.45
PATHOLOGY	12	83		598.48	7.21	.197	49.87	1.42
XO AND OTHERS	1	1		12.91	12.91	.002	12.91	.03
@ORGANIZED OUTPATIENT CLINIC	21	36	\$	3,465.19	\$ 96.26	.085	\$ 165.01	\$ 8.21
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	2		244.72	122.36	.005	244.72	.58
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	20	34		3,220.47	94.72	.081	161.02	7.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED							
				AID CODE 17 1Y				
				----- MONTHLY AVERAGE -----				
422 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	106	7,683	\$ 40,086.26	\$ 5.22	18.206	\$ 378.17	\$ 94.99	
DURABLE MED. EQUIP.	1	1	79.50	79.50	.002	79.50	.19	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	10	17	962.03	56.59	.040	96.20	2.28
MEDICAL TRANSPORTATION	52	7,225	17,053.66	2.36	17.121	327.96	40.41
AMBULANCES/AIR TRANS	6	28	570.66	20.38	.066	95.11	1.35
OTHER TRANS	44	7,171	16,326.62	2.28	16.993	371.06	38.69
OTHER SERVICES	3	26	156.38	6.01	.062	52.13	.37
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	10	270	18,786.60	69.58	.640	1878.66	44.52
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	100.14	12.52	.019	25.04	.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	174.46	174.46	.002	174.46	.41
HOSPICE SERVICES	1	9	1,022.58	113.62	.021	1022.58	2.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	33	152	1,907.29	12.55	.360	57.80	4.52
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	244	1,015	82,636.78	81.42	2.405	338.68	195.82

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 1,077

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND

AID CODE 27

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	45	\$ 2,004.64	\$ 44.55	11.250	\$ 182.24	\$ 501.16
@PHYSICIANS SERVICES	1	2	\$ 118.90	\$ 59.45	.500	\$ 118.90	\$ 29.73
OUTPATIENT VISITS	1	1	108.08	108.08	.250	108.08	27.02
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.250	108.08	27.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		10.82	10.82	.250	10.82	2.71
@PHARMACY	5	22	\$	1,185.11	\$ 53.87	5.500	\$ 237.02	\$ 296.28
PRESCRIPTION DRUGS	5	22		1,185.11	53.87	5.500	237.02	296.28
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	5	22		1,185.11	53.87	5.500	237.02	296.28
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	3	\$	.00	\$.00	.750	\$.00	\$.00
VISITS - DIAGNOSTIC	1	2		.00	.00	.500	.00	.00
ORAL SURGERY	1	1		.00	.00	.250	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024								
FEE-FOR-SERVICE/DENTAL								
BUTTE COUNTY								
SUMMARY OF SERVICES FOR MN - SOC - BLIND								
AID CODE 27								
----- MONTHLY AVERAGE -----								
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	2	15	\$ 197.59	\$ 13.17	3.750	\$ 98.80	\$ 49.40	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	15	197.59	13.17	3.750	98.80	49.40
MEDICAL	1	1	42.47	42.47	.250	42.47	10.62
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	11	76.80	6.98	2.750	38.40	19.20
RADIOLOGY	1	1	23.70	23.70	.250	23.70	5.93
ROOM USE	1	1	47.07	47.07	.250	47.07	11.77
CROSSOVERS/ALL OTH OUTPTNT	1	1	7.55	7.55	.250	7.55	1.89
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,079
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	15	\$ 197.59	\$ 13.17	3.750	\$ 98.80	\$ 49.40
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	15	197.59	13.17	3.750	98.80	49.40
MEDICAL	1	1	42.47	42.47	.250	42.47	10.62
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	11	76.80	6.98	2.750	38.40	19.20
RADIOLOGY	1	1	23.70	23.70	.250	23.70	5.93
ROOM USE	1	1	47.07	47.07	.250	47.07	11.77

CROSSOVERS/ALL OTH OUTPTNT	1	1		7.55	7.55	.250	7.55	1.89
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	3	\$	503.04	167.68	.750	167.68	125.76
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	3		503.04	167.68	.750	167.68	125.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND							

AID CODE 27

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 1,081
03/14/05

675 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	961	9,021	\$ 1,327,397.54	\$ 147.15	13.364	\$ 1381.27	\$ 1966.51
@PHYSICIANS SERVICES	235	938	\$ 42,027.73	\$ 44.81	1.390	\$ 178.84	\$ 62.26
OUTPATIENT VISITS	29	37	1,231.83	33.29	.055	42.48	1.82
OFFICE VISITS	25	32	1,040.60	32.52	.047	41.62	1.54
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	157.55	52.52	.004	52.52	.23
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	33.68	16.84	.003	16.84	.05
INPATIENT VISITS	41	248	8,300.06	33.47	.367	202.44	12.30
HOSPITAL VISITS	37	226	6,811.36	30.14	.335	184.09	10.09
CRITICAL CARE	3	11	1,086.80	98.80	.016	362.27	1.61
SNF/ICF/TRANS IP CARE	5	11	401.90	36.54	.016	80.38	.60
OPHTHALMOLOGICAL SERVICES	3	4	144.09	36.02	.006	48.03	.21

EXAMINATIONS	3	4	144.09	36.02	.006	48.03	.21
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	23	134	13,126.83	97.96	.199	570.73	19.45
PRINCIPAL SURGEON	22	35	11,575.65	330.73	.052	526.17	17.15
ASSISTANT SURGEON	2	2	411.39	205.70	.003	205.70	.61
ANESTHESIOLOGIST	4	97	1,139.79	11.75	.144	284.95	1.69
OUTPATIENT SURGERY	8	14	2,610.38	186.46	.021	326.30	3.87
PRINCIPAL SURGEON	7	9	2,398.31	266.48	.013	342.62	3.55
ASSISTANT SURGEON	1	1	92.70	92.70	.001	92.70	.14
ANESTHESIOLOGIST	1	4	119.37	29.84	.006	119.37	.18
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	8	285.32	35.67	.012	47.55	.42
RADIOLOGY	56	168	3,765.76	22.42	.249	67.25	5.58
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	20	7,029.65	351.48	.030	7029.65	10.41
OTHER SERVICES/ALL X-OVERS	135	305	5,533.81	18.14	.452	40.99	8.20
@PHARMACY	577	3,441	\$ 640,165.09	\$ 186.04	5.098	\$ 1109.47	\$ 948.39
PRESCRIPTION DRUGS	571	3,070	637,564.83	207.68	4.548	1116.58	944.54
SNF/ICF	35	410	24,482.61	59.71	.607	699.50	36.27
OUTPATIENTS	538	2,660	613,082.22	230.48	3.941	1139.56	908.27
MEDICAL SUPPLIES	41	371	2,600.26	7.01	.550	63.42	3.85
@DENTIST	68	252	\$ 8,033.00	\$ 31.88	.373	\$ 118.13	\$ 11.90
VISITS - DIAGNOSTIC	36	112	893.00	7.97	.166	24.81	1.32
ORAL SURGERY	5	36	1,843.00	51.19	.053	368.60	2.73
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	236.00	118.00	.003	118.00	.35
ENDODONTICS	9	11	954.00	86.73	.016	106.00	1.41
RESTORATIVE DENTISTRY	26	64	1,757.00	27.45	.095	67.58	2.60
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	11	23	2,350.00	102.17	.034	213.64	3.48
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	4	.00	.00	.006	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 1,082 03/14/05

675 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	19	48	\$ 886.25	\$ 18.46	.071	\$ 46.64	\$ 1.31
DIAGNOSTIC AND ANC. PROCED	5	6	221.23	36.87	.009	44.25	.33
EYE APPLIANCES	16	40	615.71	15.39	.059	38.48	.91
OTHER OPTOMETRIC SERVICES	2	2	49.31	24.66	.003	24.66	.07
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	33	\$ 190.61	\$ 5.78	.049	\$ 19.06	\$.28
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	10	33	190.61	5.78	.049	19.06	.28
@HOME HEALTH AGENCY	12	107	\$ 6,875.15	\$ 64.25	.159	\$ 572.93	\$ 10.19
NURSE ANESTHESIST	3	40	445.83	11.15	.059	148.61	.66

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	196	1,096	\$	437,535.58	\$	399.21	1.624	\$	2232.32	\$	648.20
HOSP INPATIENT TOTAL	47	223		415,311.74		1862.38	.330		8836.42		615.28
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	34	223		406,523.92		1822.98	.330		11956.59		602.26
ACCOMMODATIONS	34	223		141,015.29		632.36	.330		4147.51		208.91
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	34	223		141,015.29		632.36	.330		4147.51		208.91
ANCILLARIES	34	0		265,508.63		.00	.000		7809.08		393.35
INPATIENT CROSSOVERS	14	0		8,787.82		.00	.000		627.70		13.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	172	873		22,223.84		25.46	1.293		129.21		32.92
MEDICAL	41	120		4,313.16		35.94	.178		105.20		6.39
SURGERY	12	14		649.26		46.38	.021		54.11		.96
PATHOLOGY	40	155		1,828.64		11.80	.230		45.72		2.71
RADIOLOGY	30	57		3,502.90		61.45	.084		116.76		5.19
ROOM USE	28	35		1,393.12		39.80	.052		49.75		2.06
CROSSOVERS/ALL OTH OUTPTNT	123	492		10,536.76		21.42	.729		85.66		15.61
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

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675 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	196	1,096	\$ 437,535.58	\$ 399.21	1.624	\$ 2232.32	\$ 648.20
COMM HOSP INPATIENT TOTAL	47	223	415,311.74	1862.38	.330	8836.42	615.28
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	34	223	406,523.92	1822.98	.330	11956.59	602.26
ACCOMMODATIONS	34	223	141,015.29	632.36	.330	4147.51	208.91
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	34	223	141,015.29	632.36	.330	4147.51	208.91
ANCILLARIES	34	0	265,508.63	.00	.000	7809.08	393.35
INPATIENT CROSSOVERS	14	0	8,787.82	.00	.000	627.70	13.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	172	873		22,223.84	25.46	1.293	129.21	32.92
MEDICAL	41	120		4,313.16	35.94	.178	105.20	6.39
SURGERY	12	14		649.26	46.38	.021	54.11	.96
PATHOLOGY	40	155		1,828.64	11.80	.230	45.72	2.71
RADIOLOGY	30	57		3,502.90	61.45	.084	116.76	5.19
ROOM USE	28	35		1,393.12	39.80	.052	49.75	2.06
CROSSOVERS/ALL OTH OUTPTNT	123	492		10,536.76	21.42	.729	85.66	15.61
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	33	929	\$	95,250.23	\$ 102.53	1.376	\$ 2886.37	\$ 141.11
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	1	5		1,794.25	358.85	.007	1794.25	2.66
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	32	924		93,455.98	101.14	1.369	2920.50	138.45
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	14	92	\$	9,871.84	\$ 107.30	.136	\$ 705.13	\$ 14.62
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	14	92		9,871.84	107.30	.136	705.13	14.62
@REHABILITATION FACILITY	3	30	\$	744.74	\$ 24.82	.044	\$ 248.25	\$ 1.10
HOSPITAL BASED	3	30		744.74	24.82	.044	248.25	1.10
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	32	251	\$	5,825.20	\$ 23.21	.372	\$ 182.04	\$ 8.63
PATHOLOGY	30	249		5,820.36	23.37	.369	194.01	8.62
XO AND OTHERS	2	2		4.84	2.42	.003	2.42	.01
@ORGANIZED OUTPATIENT CLINIC	221	396	\$	31,165.82	\$ 78.70	.587	\$ 141.02	\$ 46.17
CLINIC	0	1CR		464.42CR	464.42	.001CR	.00	.69CR
SURGICENTER	1	1		75.00	75.00	.001	75.00	.11
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	221	396		31,555.24	79.68	.587	142.78	46.75

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,084

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

	675 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	141	1,368	\$	48,380.47	\$ 35.37	2.027	\$ 343.12	\$ 71.67
DURABLE MED. EQUIP.	15	33		3,519.49	106.65	.049	234.63	5.21
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	40	311		5,798.54	18.64	.461	144.96	8.59
AMBULANCES/AIR TRANS	27	125		3,396.30	27.17	.185	125.79	5.03
OTHER TRANS	14	185		1,052.24	5.69	.274	75.16	1.56
OTHER SERVICES	1	1		1,350.00	1350.00	.001	1350.00	2.00
ACUPUNCTURE	1	2		32.44	16.22	.003	32.44	.05
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	56	221		28,894.15	130.74	.327	515.97	42.81
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	11	25		258.04	10.32	.037	23.46	.38
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	.00	.00	.001	.00	.00
PROSTHETICS	1	1	.00	.00	.001	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	76	8,866.45	116.66	.113	4433.23	13.14
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	21	699	1,011.36	1.45	1.036	48.16	1.50
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	205	1,027	\$ 29,545.89	\$ 28.77	1.521	\$ 144.13	\$ 43.77

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,085
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37		

760 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	997	7,479	\$ 1,041,909.90	\$ 139.31	9.841	\$ 1045.05	\$ 1370.93
@PHYSICIANS SERVICES	399	1,673	\$ 81,741.82	\$ 48.86	2.201	\$ 204.87	\$ 107.56
OUTPATIENT VISITS	132	167	7,305.96	43.75	.220	55.35	9.61
OFFICE VISITS	82	112	3,676.23	32.82	.147	44.83	4.84
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	47	51	3,345.26	65.59	.067	71.18	4.40
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	237.83	118.92	.003	118.92	.31

OTHER OUTPATIENT	2	2		46.64	23.32	.003	23.32	.06
INPATIENT VISITS	54	384		16,678.94	43.43	.505	308.87	21.95
HOSPITAL VISITS	53	355		14,284.74	40.24	.467	269.52	18.80
CRITICAL CARE	7	17		1,877.20	110.42	.022	268.17	2.47
SNF/ICF/TRANS IP CARE	4	12		517.00	43.08	.016	129.25	.68
OPHTHALMOLOGICAL SERVICES	8	8		330.67	41.33	.011	41.33	.44
EXAMINATIONS	8	8		330.67	41.33	.011	41.33	.44
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	43	261		22,676.45	86.88	.343	527.36	29.84
PRINCIPAL SURGEON	31	66		19,384.17	293.70	.087	625.30	25.51
ASSISTANT SURGEON	5	5		552.00	110.40	.007	110.40	.73
ANESTHESIOLOGIST	14	190		2,740.28	14.42	.250	195.73	3.61
OUTPATIENT SURGERY	63	216		15,459.76	71.57	.284	245.39	20.34
PRINCIPAL SURGEON	51	63		12,484.97	198.17	.083	244.80	16.43
ASSISTANT SURGEON	2	2		345.49	172.75	.003	172.75	.45
ANESTHESIOLOGIST	17	151		2,629.30	17.41	.199	154.66	3.46
DIALYSIS	3	23		1,732.04	75.31	.030	577.35	2.28
PATHOLOGY	18	47		1,346.10	28.64	.062	74.78	1.77
RADIOLOGY	183	436		11,649.53	26.72	.574	63.66	15.33
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	17		281.88	16.58	.022	28.19	.37
OTHER SERVICES/ALL X-OVERS	65	114		4,280.49	37.55	.150	65.85	5.63
@PHARMACY	293	1,058	\$	106,837.33	\$ 100.98	1.392	\$ 364.63	\$ 140.58
PRESCRIPTION DRUGS	291	994		106,259.23	106.90	1.308	365.15	139.81
SNF/ICF	6	62		5,520.96	89.05	.082	920.16	7.26
OUTPATIENTS	286	932		100,738.27	108.09	1.226	352.23	132.55
MEDICAL SUPPLIES	11	64		578.10	9.03	.084	52.55	.76
@DENTIST	81	443	\$	13,542.49	\$ 30.57	.583	\$ 167.19	\$ 17.82
VISITS - DIAGNOSTIC	62	231		2,091.75	9.06	.304	33.74	2.75
ORAL SURGERY	17	47		2,117.75	45.06	.062	124.57	2.79
DRUGS	1	1		.00	.00	.001	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		236.00	118.00	.003	118.00	.31
ENDODONTICS	13	21		2,122.00	101.05	.028	163.23	2.79
RESTORATIVE DENTISTRY	34	124		6,220.99	50.17	.163	182.97	8.19
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	6		719.00	119.83	.008	359.50	.95
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2		35.00	17.50	.003	17.50	.05
ALL OTHER SERVICES	3	9		.00	.00	.012	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 1,086
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37							

760 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	22	61	\$ 1,361.80	\$ 22.32	.080	\$ 61.90	\$ 1.79
DIAGNOSTIC AND ANC. PROCED	16	16	686.16	42.89	.021	42.89	.90
EYE APPLIANCES	16	45	675.64	15.01	.059	42.23	.89
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	7	9	\$ 133.76	\$ 14.86	.012	\$ 19.11	\$.18
VISITS	7	9	133.76	14.86	.012	19.11	.18
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	30	\$ 2,108.82	\$ 70.29	.039	\$ 351.47	\$ 2.77
NURSE ANESTHESIST	4	40	\$ 541.99	\$ 13.55	.053	\$ 135.50	\$.71
NURSE MIDWIFE	2	6	\$ 342.92	\$ 57.15	.008	\$ 171.46	\$.45
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	363	2,303	\$ 721,213.89	\$ 313.16	3.030	\$ 1986.82	\$ 948.97
HOSP INPATIENT TOTAL	46	311	663,899.41	2134.72	.409	14432.60	873.55
HSC HOSPITALS	6	86	107,175.00	1246.22	.113	17862.50	141.02
NON-HSC HOSPITAL TOTAL	40	225	556,724.41	2474.33	.296	13918.11	732.53
ACCOMMODATIONS	40	225	166,320.89	739.20	.296	4158.02	218.84
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	40	225	166,320.89	739.20	.296	4158.02	218.84
ANCILLARIES	40	0	390,403.52	.00	.000	9760.09	513.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	338	1,992	57,314.48	28.77	2.621	169.57	75.41
MEDICAL	182	360	13,957.37	38.77	.474	76.69	18.36
SURGERY	57	62	3,200.57	51.62	.082	56.15	4.21
PATHOLOGY	147	644	7,251.14	11.26	.847	49.33	9.54
RADIOLOGY	126	234	16,956.18	72.46	.308	134.57	22.31
ROOM USE	195	297	10,248.32	34.51	.391	52.56	13.48
CROSSOVERS/ALL OTH OUTPTNT	136	395	5,700.90	14.43	.520	41.92	7.50
@COUNTY HOSPITAL TOTAL	2	69	\$ 86,811.10	\$ 1258.13	.091	\$ 43405.55	\$ 114.23
CO HOSPITAL INPATIENT TOTAL	1	67	86,724.00	1294.39	.088	86724.00	114.11
HSC HOSPITALS	1	67	86,724.00	1294.39	.088	86724.00	114.11
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	87.10	43.55	.003	87.10	.11
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	51.41	51.41	.001	51.41	.07
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.69	35.69	.001	35.69	.05
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,087
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	760 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	362	2,234	\$	634,402.79	\$ 283.98	2.939	\$ 1752.49	\$ 834.74
COMM HOSP INPATIENT TOTAL	45	244		577,175.41	2365.47	.321	12826.12	759.44
HSC HOSPITALS	5	19		20,451.00	1076.37	.025	4090.20	26.91
NON-HSC HOSPITALS TOTAL	40	225		556,724.41	2474.33	.296	13918.11	732.53
ACCOMMODATIONS	40	225		166,320.89	739.20	.296	4158.02	218.84

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	40	225	166,320.89	739.20	.296	4158.02	218.84
ANCILLARIES	40	0	390,403.52	.00	.000	9760.09	513.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	338	1,990	57,227.38	28.76	2.618	169.31	75.30
MEDICAL	182	360	13,957.37	38.77	.474	76.69	18.36
SURGERY	56	61	3,149.16	51.63	.080	56.24	4.14
PATHOLOGY	147	644	7,251.14	11.26	.847	49.33	9.54
RADIOLOGY	126	234	16,956.18	72.46	.308	134.57	22.31
ROOM USE	194	296	10,212.63	34.50	.389	52.64	13.44
CROSSOVERS/ALL OTH OUTPTNT	136	395	5,700.90	14.43	.520	41.92	7.50
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	4	85	26,230.42	308.59	.112	6557.61	34.51
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	2	50	18,094.00	361.88	.066	9047.00	23.81
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	35	8,136.42	232.47	.046	4068.21	10.71
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	296	12,028.79	40.64	.389	3007.20	15.83
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	296	12,028.79	40.64	.389	3007.20	15.83
@REHABILITATION FACILITY	8	39	878.50	22.53	.051	109.81	1.16
HOSPITAL BASED	8	39	878.50	22.53	.051	109.81	1.16
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	61	188	4,404.52	23.43	.247	72.21	5.80
PATHOLOGY	61	188	4,404.52	23.43	.247	72.21	5.80
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	212	441	54,688.84	124.01	.580	257.97	71.96
CLINIC	5	9	659.17	73.24	.012	131.83	.87
SURGICENTER	7	46	1,610.40	35.01	.061	230.06	2.12
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	206	386	52,419.27	135.80	.508	254.46	68.97

#CALIF DEPT OF HEALTH SERV MPO024 BUTTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 1,088 03/14/05

760 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	91	807	15,854.01	19.65	1.062	174.22	20.86
DURABLE MED. EQUIP.	9	13	1,029.90	79.22	.017	114.43	1.36
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	1,262.37	1262.37	.001	1262.37	1.66
MEDICAL TRANSPORTATION	48	711	12,559.31	17.66	.936	261.65	16.53
AMBULANCES/AIR TRANS	44	379	6,974.80	18.40	.499	158.52	9.18
OTHER TRANS	4	329	1,021.01	3.10	.433	255.25	1.34
OTHER SERVICES	3	3	4,563.50	1521.17	.004	1521.17	6.00
ACUPUNCTURE	3	8	129.76	16.22	.011	43.25	.17

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	38	406.76	10.70	.050	23.93	.54
PHYSICAL THERAPIST	1	3	62.89	20.96	.004	62.89	.08
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	13	33	403.02	12.21	.043	31.00	.53
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	10	93	\$ 47,800.78	\$ 513.99	.122	\$ 4780.08	\$ 62.90
@XOVER EXCLUDING STATE HOSP**	4	10	\$ 1,947.45	\$ 194.75	.013	\$ 486.86	\$ 2.56

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,089
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 BUTTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

1,861 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,555	30,178	\$ 2,978,256.09	\$ 98.69	16.216 \$ 1165.66 \$ 1600.35
@PHYSICIANS SERVICES	752	3,333	\$ 135,621.56	\$ 40.69	1.791 \$ 180.35 \$ 72.88
OUTPATIENT VISITS	167	212	8,927.45	42.11	.114 53.46 4.80
OFFICE VISITS	111	150	4,983.93	33.23	.081 44.90 2.68
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	51	55	3,610.89	65.65	.030 70.80 1.94
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	2	2	237.83	118.92	.001 118.92 .13
OTHER OUTPATIENT	5	5	94.80	18.96	.003 18.96 .05
INPATIENT VISITS	98	649	25,624.73	39.48	.349 261.48 13.77
HOSPITAL VISITS	93	598	21,741.83	36.36	.321 233.78 11.68
CRITICAL CARE	10	28	2,964.00	105.86	.015 296.40 1.59
SNF/ICF/TRANS IP CARE	9	23	918.90	39.95	.012 102.10 .49
OPHTHALMOLOGICAL SERVICES	15	18	699.79	38.88	.010 46.65 .38
EXAMINATIONS	15	18	699.79	38.88	.010 46.65 .38
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	66	394	35,191.96	89.32	.212 533.21 18.91
PRINCIPAL SURGEON	53	100	30,348.50	303.49	.054 572.61 16.31
ASSISTANT SURGEON	7	7	963.39	137.63	.004 137.63 .52
ANESTHESIOLOGIST	18	287	3,880.07	13.52	.154 215.56 2.08
OUTPATIENT SURGERY	76	253	21,072.52	83.29	.136 277.27 11.32
PRINCIPAL SURGEON	62	76	17,677.76	232.60	.041 285.13 9.50
ASSISTANT SURGEON	3	3	438.19	146.06	.002 146.06 .24
ANESTHESIOLOGIST	20	174	2,956.57	16.99	.093 147.83 1.59
DIALYSIS	11	51	5,002.76	98.09	.027 454.80 2.69
PATHOLOGY	24	55	1,631.42	29.66	.030 67.98 .88

RADIOLOGY	247	615		15,875.46	25.81	.330	64.27	8.53	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	12	38		7,322.46	192.70	.020	610.21	3.93	
OTHER SERVICES/ALL X-OVERS	297	1,048		14,273.01	13.62	.563	48.06	7.67	
@PHARMACY	1,162	6,551	\$	842,669.93	\$ 128.63	3.520	\$ 725.19	\$ 452.80	
PRESCRIPTION DRUGS	1,150	5,543		837,670.13	151.12	2.979	728.41	450.12	
SNF/ICF	109	951		49,203.11	51.74	.511	451.40	26.44	
OUTPATIENTS	1,045	4,592		788,467.02	171.70	2.467	754.51	423.68	
MEDICAL SUPPLIES	78	1,008		4,999.80	4.96	.542	64.10	2.69	
@DENTIST	188	868	\$	24,666.49	\$ 28.42	.466	\$ 131.20	\$ 13.25	
VISITS - DIAGNOSTIC	127	423		3,807.75	9.00	.227	29.98	2.05	
ORAL SURGERY	31	112		4,994.75	44.60	.060	161.12	2.68	
DRUGS	1	1		.00	.00	.001	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	5	5		590.00	118.00	.003	118.00	.32	
ENDODONTICS	24	37		3,076.00	83.14	.020	128.17	1.65	
RESTORATIVE DENTISTRY	71	216		8,357.99	38.69	.116	117.72	4.49	
PROSTHETICS	1	1		.00	.00	.001	.00	.00	
DENTURES, STAYPLATES	19	53		3,805.00	71.79	.028	200.26	2.04	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	2	2		35.00	17.50	.001	17.50	.02	
ALL OTHER SERVICES	8	18		.00	.00	.010	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 1,090
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL								

	1,861 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	45	122	\$	2,503.42	\$ 20.52	.066	\$ 55.63	\$ 1.35
DIAGNOSTIC AND ANC. PROCED	23	24		1,002.29	41.76	.013	43.58	.54

EYE APPLIANCES	36	96		1,451.82	15.12	.052	40.33	.78
OTHER OPTOMETRIC SERVICES	2	2		49.31	24.66	.001	24.66	.03
@CHIROPRACTOR	7	9	\$	133.76	14.86	.005	19.11	\$.07
VISITS	7	9		133.76	14.86	.005	19.11	.07
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	20	45	\$	245.01	5.44	.024	12.25	\$.13
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	20	45		245.01	5.44	.024	12.25	.13
@HOME HEALTH AGENCY	18	137	\$	8,983.97	65.58	.074	499.11	\$ 4.83
NURSE ANESTHESIST	7	80	\$	987.82	12.35	.043	141.12	\$.53
NURSE MIDWIFE	2	6	\$	342.92	57.15	.003	171.46	\$.18
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$.00
@TOTAL HOSPITAL	678	3,811	\$	1,362,219.32	357.44	2.048	2009.17	\$ 731.98
HOSP INPATIENT TOTAL	119	574		1,272,240.11	2216.45	.308	10691.09	683.63
HSC HOSPITALS	6	86		107,175.00	1246.22	.046	17862.50	57.59
NON-HSC HOSPITAL TOTAL	76	488		1,131,248.94	2318.13	.262	14884.85	607.87
ACCOMMODATIONS	76	488		335,319.28	687.13	.262	4412.10	180.18
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	76	488		335,319.28	687.13	.262	4412.10	180.18
ANCILLARIES	76	0		795,929.66	.00	.000	10472.76	427.69
INPATIENT CROSSOVERS	38	0		33,816.17	.00	.000	889.90	18.17
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	605	3,237		89,979.21	27.80	1.739	148.73	48.35
MEDICAL	232	494		19,519.97	39.51	.265	84.14	10.49
SURGERY	73	81		4,783.22	59.05	.044	65.52	2.57
PATHOLOGY	201	843		9,485.36	11.25	.453	47.19	5.10
RADIOLOGY	161	298		21,348.46	71.64	.160	132.60	11.47
ROOM USE	233	346		12,689.95	36.68	.186	54.46	6.82
CROSSOVERS/ALL OTH OUTPTNT	342	1,175		22,152.25	18.85	.631	64.77	11.90
@COUNTY HOSPITAL TOTAL	2	69	\$	86,811.10	1258.13	.037	43405.55	\$ 46.65
CO HOSPITAL INPATIENT TOTAL	1	67		86,724.00	1294.39	.036	86724.00	46.60
HSC HOSPITALS	1	67		86,724.00	1294.39	.036	86724.00	46.60
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2		87.10	43.55	.001	87.10	.05
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		51.41	51.41	.001	51.41	.03
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		35.69	35.69	.001	35.69	.02
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,091
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

1,861 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	677	3,742	\$	1,275,408.22	\$ 340.84	2.011	\$ 1883.91	\$ 685.33
COMM HOSP INPATIENT TOTAL	118	507		1,185,516.11	2338.30	.272	10046.75	637.03
HSC HOSPITALS	5	19		20,451.00	1076.37	.010	4090.20	10.99
NON-HSC HOSPITALS TOTAL	76	488		1,131,248.94	2318.13	.262	14884.85	607.87
ACCOMMODATIONS	76	488		335,319.28	687.13	.262	4412.10	180.18
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	76	488		335,319.28	687.13	.262	4412.10	180.18
ANCILLARIES	76	0		795,929.66	.00	.000	10472.76	427.69
INPATIENT CROSSOVERS	38	0		33,816.17	.00	.000	889.90	18.17
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	605	3,235		89,892.11	27.79	1.738	148.58	48.30
MEDICAL	232	494		19,519.97	39.51	.265	84.14	10.49
SURGERY	72	80		4,731.81	59.15	.043	65.72	2.54
PATHOLOGY	201	843		9,485.36	11.25	.453	47.19	5.10
RADIOLOGY	161	298		21,348.46	71.64	.160	132.60	11.47
ROOM USE	232	345		12,654.26	36.68	.185	54.54	6.80
CROSSOVERS/ALL OTH OUTPTNT	342	1,175		22,152.25	18.85	.631	64.77	11.90
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	129	2,994	\$	338,268.39	\$ 112.98	1.609	\$ 2622.24	\$ 181.77
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	3	55		19,888.25	361.60	.030	6629.42	10.69
LEV B-SUBACUTE HSPTL BASED	2	17		9,235.34	543.26	.009	4617.67	4.96
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	125	2,922		309,144.80	105.80	1.570	2473.16	166.12
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	45	875	\$	54,857.76	\$ 62.69	.470	\$ 1219.06	\$ 29.48
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	45	875		54,857.76	62.69	.470	1219.06	29.48
@REHABILITATION FACILITY	12	90	\$	1,771.00	\$ 19.68	.048	\$ 147.58	\$.95
HOSPITAL BASED	12	90		1,771.00	19.68	.048	147.58	.95
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	106	523	\$	10,841.11	\$ 20.73	.281	\$ 102.27	\$ 5.83
PATHOLOGY	103	520		10,823.36	20.81	.279	105.08	5.82
XO AND OTHERS	3	3		17.75	5.92	.002	5.92	.01
@ORGANIZED OUTPATIENT CLINIC	457	876	\$	89,822.89	\$ 102.54	.471	\$ 196.55	\$ 48.27
CLINIC	5	8		194.75	24.34	.004	38.95	.10
SURGICENTER	9	49		1,930.12	39.39	.026	214.46	1.04
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	450	819		87,698.02	107.08	.440	194.88	47.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

	1,861 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	338	9,858	\$	104,320.74	\$ 10.58	5.297	\$ 308.64	\$ 56.06
DURABLE MED. EQUIP.	25	47		4,628.89	98.49	.025	185.16	2.49
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	11	18	2,224.40	123.58	.010	202.22	1.20
MEDICAL TRANSPORTATION	140	8,247	35,411.51	4.29	4.431	252.94	19.03
AMBULANCES/AIR TRANS	77	532	10,941.76	20.57	.286	142.10	5.88
OTHER TRANS	62	7,685	18,399.87	2.39	4.130	296.77	9.89
OTHER SERVICES	7	30	6,069.88	202.33	.016	867.13	3.26
ACUPUNCTURE	4	10	162.20	16.22	.005	40.55	.09
ADULT DAY HEALTH CARE CTR	10	270	18,786.60	69.58	.145	1878.66	10.09
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	56	221	28,894.15	130.74	.119	515.97	15.53
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	32	71	764.94	10.77	.038	23.90	.41
PHYSICAL THERAPIST	1	3	62.89	20.96	.002	62.89	.03
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	.00	.00	.001	.00	.00
PROSTHETICS	1	1	.00	.00	.001	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	174.46	174.46	.001	174.46	.09
HOSPICE SERVICES	3	85	9,889.03	116.34	.046	3296.34	5.31
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	13	33	403.02	12.21	.018	31.00	.22
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	54	851	2,918.65	3.43	.457	54.05	1.57
@CALIF. CHILDREN SERVICES*	10	93	\$ 47,800.78	\$ 513.99	.050	\$ 4780.08	\$ 25.69
@XOVER EXCLUDING STATE HOSP**	453	2,052	\$ 114,130.12	\$ 55.62	1.103	\$ 251.94	\$ 61.33

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,093
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

7,448 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,165	343,767	\$ 22,469,648.97	\$ 65.36	46.156	\$ 2751.95	\$ 3016.87
@PHYSICIANS SERVICES	575	1,075	\$ 14,830.11	\$ 13.80	.144	\$ 25.79	\$ 1.99
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	4	72.95	18.24	.001	36.48	.01
HOSPITAL VISITS	1	2	45.55	22.78	.000	45.55	.01
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	2	27.40	13.70	.000	27.40	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	1	23	301.50	13.11	.003	301.50	.04
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	23	301.50	13.11	.003	301.50	.04
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	8	58.76	7.35	.001	19.59	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	569	1,040	14,396.90	13.84	.140	25.30	1.93
@PHARMACY	6,051	57,828	\$ 2,434,561.11	\$ 42.10	7.764	\$ 402.34	\$ 326.87
PRESCRIPTION DRUGS	6,021	45,800	2,426,436.48	52.98	6.149	403.00	325.78
SNF/ICF	5,914	44,761	2,395,187.87	53.51	6.010	405.00	321.59
OUTPATIENTS	151	1,039	31,248.61	30.08	.140	206.94	4.20
MEDICAL SUPPLIES	78	12,028	8,124.63	.68	1.615	104.16	1.09
@DENTIST	517	1,279	\$ 40,571.00	\$ 31.72	.172	\$ 78.47	\$ 5.45
VISITS - DIAGNOSTIC	490	1,164	21,839.00	18.76	.156	44.57	2.93
ORAL SURGERY	15	33	2,414.00	73.15	.004	160.93	.32
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	260.00	260.00	.000	260.00	.03
RESTORATIVE DENTISTRY	5	11	618.00	56.18	.001	123.60	.08
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	41	66	15,440.00	233.94	.009	376.59	2.07
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	4	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,094 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 BUTTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13							

7,448 ELIGIBLES		----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	134	275	\$ 5,854.38	\$ 21.29	.037	\$ 43.69	\$.79	
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.01	
EYE APPLIANCES	96	247	4,407.11	17.84	.033	45.91	.59	
OTHER OPTOMETRIC SERVICES	40	27	1,399.82	51.85	.004	35.00	.19	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	302	369	\$ 2,782.25	\$ 7.54	.050	\$ 9.21	\$.37	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	302	369	2,782.25	7.54	.050	9.21	.37	
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	287	725	\$ 102,261.54	\$ 141.05	.097	\$ 356.31	\$ 13.73	
HOSP INPATIENT TOTAL	82	12	90,953.39	7579.45	.002	1109.19	12.21	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	2	12	26,117.81	2176.48	.002	13058.91	3.51
ACCOMMODATIONS	2	12	12,430.00	1035.83	.002	6215.00	1.67
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	12	12,430.00	1035.83	.002	6215.00	1.67
ANCILLARIES	2	0	13,687.81	.00	.000	6843.91	1.84
INPATIENT CROSSOVERS	80	0	64,835.58	.00	.000	810.44	8.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	245	713	11,308.15	15.86	.096	46.16	1.52
MEDICAL	1	2	20.12	10.06	.000	20.12	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	18	30	326.39	10.88	.004	18.13	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	227	681	10,961.64	16.10	.091	48.29	1.47
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
7,448 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	287	725	\$ 102,261.54	\$ 141.05	.097	\$ 356.31	\$ 13.73
COMM HOSP INPATIENT TOTAL	82	12	90,953.39	7579.45	.002	1109.19	12.21
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	12	26,117.81	2176.48	.002	13058.91	3.51
ACCOMMODATIONS	2	12	12,430.00	1035.83	.002	6215.00	1.67
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	12	12,430.00	1035.83	.002	6215.00	1.67
ANCILLARIES	2	0	13,687.81	.00	.000	6843.91	1.84
INPATIENT CROSSOVERS	80	0	64,835.58	.00	.000	810.44	8.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	245	713	11,308.15	15.86	.096	46.16	1.52
MEDICAL	1	2	20.12	10.06	.000	20.12	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	18	30	326.39	10.88	.004	18.13	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	227	681	10,961.64	16.10	.091	48.29	1.47
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	6,369	196,246	\$ 19,392,559.82	\$ 98.82	26.349	\$ 3044.84	\$ 2603.73
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	1	25	7,736.25	309.45	.003	7736.25	1.04
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6,368	196,221	19,384,823.57	98.79	26.345	3044.10	2602.69
@INTERMEDIATE CARE FACIL.-DD	15	442	\$ 82,881.70	\$ 187.52	.059	\$ 5525.45	\$ 11.13
ICF DDH	3	79	13,745.74	174.00	.011	4581.91	1.85
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	363	69,135.96	190.46	.049	5761.33	9.28
@HEMODIALYSIS TOTAL	10	15	\$ 5,752.69	\$ 383.51	.002	\$ 575.27	\$.77
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	15	5,752.69	383.51	.002	575.27	.77
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	3	\$ 11.57	\$ 3.86	.000	\$ 2.89	\$.00
PATHOLOGY	1	1	4.34	4.34	.000	4.34	.00
XO AND OTHERS	3	2	7.23	3.62	.000	2.41	.00
@ORGANIZED OUTPATIENT CLINIC	107	185	\$ 8,571.96	\$ 46.33	.025	\$ 80.11	\$ 1.15
CLINIC	5	6	146.37	24.40	.001	29.27	.02
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	103	179	8,425.59	47.07	.024	81.80	1.13

7,448 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,264	85,325	\$ 379,010.84	\$ 4.44	11.456	\$ 299.85	\$ 50.89
DURABLE MED. EQUIP.	81	1,272	51,727.40	40.67	.171	638.61	6.95
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	48	81	3,865.03	47.72	.011	80.52	.52
MEDICAL TRANSPORTATION	687	11,495	63,175.67	5.50	1.543	91.96	8.48
AMBULANCES/AIR TRANS	5	32CR	486.31	15.20CR	.004CR	97.26	.07
OTHER TRANS	675	11,424	61,884.37	5.42	1.534	91.68	8.31
OTHER SERVICES	60	103	804.99	7.82	.014	13.42	.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	94	6,540.52	69.58	.013	1308.10	.88
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	5	806	15,710.94	19.49	.108	3142.19	2.11
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	90	182	2,448.74	13.45	.024	27.21	.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	24	34	26.34	.77	.005	1.10	.00
PROSTHETIST/ORTHOTISTS	2	3	124.05	41.35	.000	62.03	.02
PROSTHETICS	2	3	124.05	41.35	.000	62.03	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	33	65	479.89	7.38	.009	14.54	.06
HOSPICE SERVICES	74	1,781	201,184.18	112.96	.239	2718.71	27.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	326	69,512	33,728.08	.49	9.333	103.46	4.53
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,920	43,108	\$ 562,646.80	\$ 13.05	5.788	\$ 293.05	\$ 75.54

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,097
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	55	4,826	\$ 239,425.33	\$ 49.61	87.745	\$ 4353.19	\$ 4353.19
@PHYSICIANS SERVICES	6	9	\$ 132.73	\$ 14.75	.164	\$ 22.12	\$ 2.41
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	9		132.73	14.75	.164	22.12	2.41
@PHARMACY	55	564	\$	54,334.87	\$ 96.34	10.255	\$ 987.91	\$ 987.91
PRESCRIPTION DRUGS	55	564		54,334.87	96.34	10.255	987.91	987.91
SNF/ICF	55	560		55,213.14	98.59	10.182	1003.88	1003.88
OUTPATIENTS	0	4		878.27CR	219.57CR	.073	.00	15.97CR
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	9	18	\$	285.00	\$ 15.83	.327	\$ 31.67	\$ 5.18
VISITS - DIAGNOSTIC	9	18		285.00	15.83	.327	31.67	5.18
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 1,098
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND							
	AID CODE 23							

55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	1	3	\$ 42.85	\$ 14.28	.055	\$ 42.85	\$.78
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	42.85	14.28	.055	42.85	.78
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	4	\$ 9.81	\$ 2.45	.073	\$ 3.27	\$.18
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	4	9.81	2.45	.073	3.27	.18
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2	14	\$	1,054.29	\$	75.31	.255	\$	527.15	\$	19.17
HOSP INPATIENT TOTAL	1	0		876.00		.00	.000		876.00		15.93
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		15.93
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	14		178.29		12.74	.255		89.15		3.24
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	14		178.29		12.74	.255		89.15		3.24
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,099
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	14	\$ 1,054.29	\$ 75.31	.255	\$ 527.15	\$ 19.17
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	15.93
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	15.93
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	2	14		178.29		12.74	.255	89.15		3.24
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	14		178.29		12.74	.255	89.15		3.24
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	42	1,256	\$	125,781.44	\$	100.14	22.836	2994.80	\$	2286.94
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	42	1,256		125,781.44		100.14	22.836	2994.80		2286.94
@INTERMEDIATE CARE FACIL.-DD	12	363	\$	55,490.39	\$	152.87	6.600	4624.20	\$	1008.92
ICF DDH	12	363		55,490.39		152.87	6.600	4624.20		1008.92
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	.00	\$	.00
CLINIC	0	0		.00		.00	.000	.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,100
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	24	2,595	\$ 2,293.95	\$.88	47.182	\$ 95.58	\$ 41.71
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	79	560.09	7.09	1.436	70.01	10.18
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	8	79	560.09	7.09	1.436	70.01	10.18
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	14.34	7.17	.036	14.34	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	2,514	1,719.52	.68	45.709	107.47	31.26
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	19	31	\$ 4,048.75	\$ 130.60	.564	\$ 213.09	\$ 73.61

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,101
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED	AID CODE 63

704 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	812	98,194	\$ 3,826,303.79	\$ 38.97	139.480	\$ 4712.20	\$ 5435.09
@PHYSICIANS SERVICES	148	524	\$ 15,042.46	\$ 28.71	.744	\$ 101.64	\$ 21.37
OUTPATIENT VISITS	6	7	546.36	78.05	.010	91.06	.78
OFFICE VISITS	4	4	285.60	71.40	.006	71.40	.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	3	260.76	86.92	.004	130.38	.37
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	39	134	5,317.33	39.68	.190	136.34	7.55
HOSPITAL VISITS	13	42	1,655.55	39.42	.060	127.35	2.35
CRITICAL CARE	3	8	972.80	121.60	.011	324.27	1.38
SNF/ICF/TRANS IP CARE	32	84	2,688.98	32.01	.119	84.03	3.82
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	10	1,018.11	101.81	.014	145.44	1.45
PRINCIPAL SURGEON	7	10	1,018.11	101.81	.014	145.44	1.45
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	17	75	2,338.81	31.18	.107	137.58	3.32
PRINCIPAL SURGEON	6	15	873.04	58.20	.021	145.51	1.24
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	60	1,465.77	24.43	.085	133.25	2.08
DIALYSIS	9	10	2,525.36	252.54	.014	280.60	3.59
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	18	61	1,092.19	17.90	.087	60.68	1.55
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	86	227	2,204.30	9.71	.322	25.63	3.13
@PHARMACY	684	27,019	\$ 417,412.65	\$ 15.45	38.379	\$ 610.25	\$ 592.92
PREScription DRUGS	675	5,791	407,768.64	70.41	8.226	604.10	579.22
SNF/ICF	628	5,476	381,565.33	69.68	7.778	607.59	542.00
OUTPATIENTS	56	315	26,203.31	83.19	.447	467.92	37.22
MEDICAL SUPPLIES	60	21,228	9,644.01	.45	30.153	160.73	13.70
@DENTIST	59	335	\$ 9,833.00	\$ 29.35	.476	\$ 166.66	\$ 13.97
VISITS - DIAGNOSTIC	51	248	3,720.00	15.00	.352	72.94	5.28
ORAL SURGERY	6	26	265.00	10.19	.037	44.17	.38
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.14
PERIODONTICS	11	21	2,136.00	101.71	.030	194.18	3.03
ENDODONTICS	1	1	.00	.00	.001	.00	.00
RESTORATIVE DENTISTRY	12	22	1,817.00	82.59	.031	151.42	2.58
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.04
DENTURES, STAYPLATES	5	9	1,765.00	196.11	.013	353.00	2.51
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	6	.00	.00	.009	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 1,102
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63						

704 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	27	\$	606.91	\$ 22.48	.038	\$ 55.17	\$.86
DIAGNOSTIC AND ANC. PROCED	5	5		181.28	36.26	.007	36.26	.26
EYE APPLIANCES	7	21		330.73	15.75	.030	47.25	.47
OTHER OPTOMETRIC SERVICES	2	1		94.90	94.90	.001	47.45	.13
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	16	17	\$	274.16	\$ 16.13	.024	\$ 17.14	\$.39

MEDICINE/INJECTIONS	7	7	214.10	30.59	.010	30.59	.30
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	9	10	60.06	6.01	.014	6.67	.09
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	13	\$ 260.51	\$ 20.04	.018	\$ 130.26	\$.37
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	112	456	\$ 112,272.37	\$ 246.21	.648	\$ 1002.43	\$ 159.48
HOSP INPATIENT TOTAL	21	30	103,154.46	3438.48	.043	4912.12	146.53
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	4	30	85,049.46	2834.98	.043	21262.37	120.81
ACCOMMODATIONS	4	30	21,368.28	712.28	.043	5342.07	30.35
ADMINISTRATIVE DAYS	1	1	173.48	173.48	.001	173.48	.25
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	29	21,194.80	730.86	.041	7064.93	30.11
ANCILLARIES	4	0	63,681.18	.00	.000	15920.30	90.46
INPATIENT CROSSOVERS	17	0	18,105.00	.00	.000	1065.00	25.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	101	426	9,117.91	21.40	.605	90.28	12.95
MEDICAL	7	18	971.60	53.98	.026	138.80	1.38
SURGERY	7	7	358.56	51.22	.010	51.22	.51
PATHOLOGY	37	165	1,795.37	10.88	.234	48.52	2.55
RADIOLOGY	7	9	1,131.30	125.70	.013	161.61	1.61
ROOM USE	12	34	1,738.52	51.13	.048	144.88	2.47
CROSSOVERS/ALL OTH OUTPTNT	60	193	3,122.56	16.18	.274	52.04	4.44
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,103
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

	704 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	112	456	\$ 112,272.37	\$ 246.21	.648	\$ 1002.43	\$ 159.48	
COMM HOSP INPATIENT TOTAL	21	30	103,154.46	3438.48	.043	4912.12	146.53	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	4	30	85,049.46	2834.98	.043	21262.37	120.81	
ACCOMMODATIONS	4	30	21,368.28	712.28	.043	5342.07	30.35	

ADMINISTRATIVE DAYS	1	1		173.48	173.48	.001	173.48	.25
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	29		21,194.80	730.86	.041	7064.93	30.11
ANCILLARIES	4	0		63,681.18	.00	.000	15920.30	90.46
INPATIENT CROSSOVERS	17	0		18,105.00	.00	.000	1065.00	25.72
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	101	426		9,117.91	21.40	.605	90.28	12.95
MEDICAL	7	18		971.60	53.98	.026	138.80	1.38
SURGERY	7	7		358.56	51.22	.010	51.22	.51
PATHOLOGY	37	165		1,795.37	10.88	.234	48.52	2.55
RADIOLOGY	7	9		1,131.30	125.70	.013	161.61	1.61
ROOM USE	12	34		1,738.52	51.13	.048	144.88	2.47
CROSSOVERS/ALL OTH OUTPTNT	60	193		3,122.56	16.18	.274	52.04	4.44
@STATE HOSPITAL	0	0	\$	89.10	\$.00	.000	\$.00	\$.13
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		89.10	.00	.000	.00	.13
@NURSING FACILITY	409	12,103	\$	1,791,324.40	\$ 148.01	17.192	\$ 4379.77	\$ 2544.49
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	10	366		41,963.12	114.65	.520	4196.31	59.61
LEV B-SUBACUTE FREESTANDING	24	797		279,401.86	350.57	1.132	11641.74	396.88
LEV B-SUBACUTE HSPTL BASED	19	666		378,187.21	567.85	.946	19904.59	537.20
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	356	10,274		1,091,772.21	106.27	14.594	3066.78	1550.81
@INTERMEDIATE CARE FACIL.-DD	289	8,545	\$	1,408,338.62	\$ 164.81	12.138	\$ 4873.14	\$ 2000.48
ICF DDH	197	5,830		897,647.12	153.97	8.281	4556.58	1275.07
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	93	2,715		510,691.50	188.10	3.857	5491.31	725.41
@HEMODIALYSIS TOTAL	9	97	\$	16,807.52	\$ 173.27	.138	\$ 1867.50	\$ 23.87
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	97		16,807.52	173.27	.138	1867.50	23.87
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	14	57	\$	760.30	\$ 13.34	.081	\$ 54.31	\$ 1.08
PATHOLOGY	13	47		748.00	15.91	.067	57.54	1.06
XO AND OTHERS	1	10		12.30	1.23	.014	12.30	.02
@ORGANIZED OUTPATIENT CLINIC	64	128	\$	4,702.86	\$ 36.74	.182	\$ 73.48	\$ 6.68
CLINIC	1	1		18.88	18.88	.001	18.88	.03
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	63	127		4,683.98	36.88	.180	74.35	6.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MPO024	FEE-FOR-SERVICE/DENTAL							
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63							

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----- MONTHLY AVERAGE -----								
704 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	294	48,873	\$ 48,578.93	\$.99	69.422	\$ 165.23	\$ 69.00	
DURABLE MED. EQUIP.	15	298	9,844.57	33.04	.423	656.30	13.98	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	5	6	1,309.06	218.18	.009	261.81	1.86	
MEDICAL TRANSPORTATION	108	1,543	10,432.45	6.76	2.192	96.60	14.82	
AMBULANCES/AIR TRANS	13	136	1,948.15	14.32	.193	149.86	2.77	
OTHER TRANS	96	1,402	8,445.20	6.02	1.991	87.97	12.00	
OTHER SERVICES	4	5	39.10	7.82	.007	9.78	.06	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	25	273.56	10.94	.036	24.87	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	4	62.54	15.64	.006	20.85	.09
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	40	117	4,508.86	38.54	.166	112.72	6.40
HOSPICE SERVICES	2	27	3,067.74	113.62	.038	1533.87	4.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	163	46,853	19,080.15	.41	66.553	117.06	27.10
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	277	43,848	\$ 67,589.60	\$ 1.54	62.284	\$ 244.01	\$ 96.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,105
MOPO24	FEE-FOR-SERVICE/DENTAL		03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES	DISCONTINUED	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,106
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,107
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 BUTTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

----- MONTHLY AVERAGE -----
 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
HSC HOSPITALS	0	0		.00	.00	.000	.00 .00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00 .00
ACCOMMODATIONS	0	0		.00	.00	.000	.00 .00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00 .00
ANCILLARIES	0	0		.00	.00	.000	.00 .00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00 .00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00 .00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
MEDICAL	0	0		.00	.00	.000	.00 .00
SURGERY	0	0		.00	.00	.000	.00 .00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
RADIOLOGY	0	0		.00	.00	.000	.00 .00
ROOM USE	0	0		.00	.00	.000	.00 .00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00 .00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
MENTALLY ILL	0	0		.00	.00	.000	.00 .00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00 .00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00 .00
LEV B-REHAB MD	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00 .00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
LEV B-REGULAR	0	0		.00	.00	.000	.00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
ICF DDH	0	0		.00	.00	.000	.00 .00
ICF DD	0	0		.00	.00	.000	.00 .00
ICF DDN/DDCN	0	0		.00	.00	.000	.00 .00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00 .00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00 .00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
XO AND OTHERS	0	0		.00	.00	.000	.00 .00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
CLINIC	0	0		.00	.00	.000	.00 .00
SURGICENTER	0	0		.00	.00	.000	.00 .00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00 .00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00 .00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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BUTTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

					----- MONTHLY AVERAGE -----			
8,207 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	9,032	446,787	\$ 26,535,378.09	\$ 59.39	54.440	\$ 2937.93	\$ 3233.26	
@PHYSICIANS SERVICES	729	1,608	\$ 30,005.30	\$ 18.66	.196	\$ 41.16	\$ 3.66	
OUTPATIENT VISITS	6	7	546.36	78.05	.001	91.06	.07	
OFFICE VISITS	4	4	285.60	71.40	.000	71.40	.03	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	2	3	260.76	86.92	.000	130.38	.03	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	41	138	5,390.28	39.06	.017	131.47	.66	
HOSPITAL VISITS	14	44	1,701.10	38.66	.005	121.51	.21	
CRITICAL CARE	3	8	972.80	121.60	.001	324.27	.12	
SNF/ICF/TRANS IP CARE	33	86	2,716.38	31.59	.010	82.31	.33	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	7	10	1,018.11	101.81	.001	145.44	.12	
PRINCIPAL SURGEON	7	10	1,018.11	101.81	.001	145.44	.12	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	

OUTPATIENT SURGERY	18	98		2,640.31	26.94	.012	146.68	.32	
PRINCIPAL SURGEON	6	15		873.04	58.20	.002	145.51	.11	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	12	83		1,767.27	21.29	.010	147.27	.22	
DIALYSIS	9	10		2,525.36	252.54	.001	280.60	.31	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	21	69		1,150.95	16.68	.008	54.81	.14	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	661	1,276		16,733.93	13.11	.155	25.32	2.04	
@PHARMACY	6,790	85,411	\$	2,906,308.63	\$ 34.03	10.407	\$ 428.03	\$ 354.13	
PRESCRIPTION DRUGS	6,751	52,155		2,888,539.99	55.38	6.355	427.87	351.96	
SNF/ICF	6,597	50,797		2,831,966.34	55.75	6.189	429.28	345.07	
OUTPATIENTS	207	1,358		56,573.65	41.66	.165	273.30	6.89	
MEDICAL SUPPLIES	138	33,256		17,768.64	.53	4.052	128.76	2.17	
@DENTIST	585	1,632	\$	50,689.00	\$ 31.06	.199	\$ 86.65	\$ 6.18	
VISITS - DIAGNOSTIC	550	1,430		25,844.00	18.07	.174	46.99	3.15	
ORAL SURGERY	21	59		2,679.00	45.41	.007	127.57	.33	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.01	
PERIODONTICS	11	21		2,136.00	101.71	.003	194.18	.26	
ENDODONTICS	2	2		260.00	130.00	.000	130.00	.03	
RESTORATIVE DENTISTRY	17	33		2,435.00	73.79	.004	143.24	.30	
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.00	
DENTURES, STAYPLATES	46	75		17,205.00	229.40	.009	374.02	2.10	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	5	10		.00	.00	.001	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 1,110
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BUTTE COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

8,207 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	146	305	\$ 6,504.14	\$ 21.33	.037	\$ 44.55	\$.79
DIAGNOSTIC AND ANC. PROCED	6	6	228.73	38.12	.001	38.12	.03
EYE APPLIANCES	104	271	4,780.69	17.64	.033	45.97	.58
OTHER OPTOMETRIC SERVICES	42	28	1,494.72	53.38	.003	35.59	.18
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	321	390	\$ 3,066.22	\$ 7.86	.048	\$ 9.55	\$.37
MEDICINE/INJECTIONS	7	7	214.10	30.59	.001	30.59	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	314	383	2,852.12	7.45	.047	9.08	.35
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	2	13	\$ 260.51	\$ 20.04	.002	\$ 130.26	\$.03
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	401	1,195	\$ 215,588.20	\$ 180.41	.146	\$ 537.63	\$ 26.27
HOSP INPATIENT TOTAL	104	42	194,983.85	4642.47	.005	1874.84	23.76
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	6	42	111,167.27	2646.84	.005	18527.88	13.55
ACCOMMODATIONS	6	42	33,798.28	804.72	.005	5633.05	4.12
ADMINISTRATIVE DAYS	1	1	173.48	173.48	.000	173.48	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	41	33,624.80	820.12	.005	6724.96	4.10
ANCILLARIES	6	0	77,368.99	.00	.000	12894.83	9.43
INPATIENT CROSSOVERS	98	0	83,816.58	.00	.000	855.27	10.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	348	1,153	20,604.35	17.87	.140	59.21	2.51
MEDICAL	8	20	991.72	49.59	.002	123.97	.12
SURGERY	7	7	358.56	51.22	.001	51.22	.04
PATHOLOGY	55	195	2,121.76	10.88	.024	38.58	.26
RADIOLOGY	7	9	1,131.30	125.70	.001	161.61	.14
ROOM USE	12	34	1,738.52	51.13	.004	144.88	.21
CROSSOVERS/ALL OTH OUTPTNT	289	888	14,262.49	16.06	.108	49.35	1.74
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
8,207 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	401	1,195	\$ 215,588.20	\$ 180.41	.146	\$ 537.63	\$ 26.27
COMM HOSP INPATIENT TOTAL	104	42	194,983.85	4642.47	.005	1874.84	23.76
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	6	42	111,167.27	2646.84	.005	18527.88	13.55
ACCOMMODATIONS	6	42	33,798.28	804.72	.005	5633.05	4.12
ADMINISTRATIVE DAYS	1	1	173.48	173.48	.000	173.48	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	41	33,624.80	820.12	.005	6724.96	4.10
ANCILLARIES	6	0	77,368.99	.00	.000	12894.83	9.43
INPATIENT CROSSOVERS	98	0	83,816.58	.00	.000	855.27	10.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	348	1,153	20,604.35	17.87	.140	59.21	2.51
MEDICAL	8	20	991.72	49.59	.002	123.97	.12
SURGERY	7	7	358.56	51.22	.001	51.22	.04
PATHOLOGY	55	195	2,121.76	10.88	.024	38.58	.26
RADIOLOGY	7	9	1,131.30	125.70	.001	161.61	.14
ROOM USE	12	34	1,738.52	51.13	.004	144.88	.21
CROSSOVERS/ALL OTH OUTPTNT	289	888	14,262.49	16.06	.108	49.35	1.74
@STATE HOSPITAL	0	0	\$ 89.10	\$.00	.000	\$.00	\$.01
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	89.10	.00	.000	.00	.01
@NURSING FACILITY	6,820	209,605	\$ 21,309,665.66	\$ 101.67	25.540	\$ 3124.58	\$ 2596.52
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	10	366	41,963.12	114.65	.045	4196.31	5.11
LEV B-SUBACUTE FREESTANDING	25	822	287,138.11	349.32	.100	11485.52	34.99
LEV B-SUBACUTE HSPTL BASED	19	666	378,187.21	567.85	.081	19904.59	46.08
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6,766	207,751	20,602,377.22	99.17	25.314	3044.99	2510.34
@INTERMEDIATE CARE FACIL.-DD	316	9,350	\$ 1,546,710.71	\$ 165.42	1.139	\$ 4894.65	\$ 188.46
ICF DDH	212	6,272	966,883.25	154.16	.764	4560.77	117.81
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	105	3,078	579,827.46	188.38	.375	5522.17	70.65
@HEMODIALYSIS TOTAL	19	112	\$ 22,560.21	\$ 201.43	.014	\$ 1187.38	\$ 2.75
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	19	112	22,560.21	201.43	.014	1187.38	2.75
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	18	60	\$ 771.87	\$ 12.86	.007	\$ 42.88	\$.09
PATHOLOGY	14	48	752.34	15.67	.006	53.74	.09
XO AND OTHERS	4	12	19.53	1.63	.001	4.88	.00
@ORGANIZED OUTPATIENT CLINIC	171	313	\$ 13,274.82	\$ 42.41	.038	\$ 77.63	\$ 1.62
CLINIC	6	7	165.25	23.61	.001	27.54	.02
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	166	306	13,109.57	42.84	.037	78.97	1.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 1,112
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL						

8,207 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,582	136,793	\$ 429,883.72	\$ 3.14	16.668	\$ 271.73	\$ 52.38
DURABLE MED. EQUIP.	96	1,570	61,571.97	39.22	.191	641.37	7.50
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	53	87	5,174.09	59.47	.011	97.62	.63
MEDICAL TRANSPORTATION	803	13,117	74,168.21	5.65	1.598	92.36	9.04
AMBULANCES/AIR TRANS	18	104	2,434.46	23.41	.013	135.25	.30
OTHER TRANS	779	12,905	70,889.66	5.49	1.572	91.00	8.64
OTHER SERVICES	64	108	844.09	7.82	.013	13.19	.10
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	94	6,540.52	69.58	.011	1308.10	.80
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	5	806	15,710.94	19.49	.098	3142.19	1.91
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	102	209	2,736.64	13.09	.025	26.83	.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	27	38	88.88	2.34	.005	3.29	.01
PROSTHETIST/ORTHOTISTS	2	3	124.05	41.35	.000	62.03	.02
PROSTHETICS	2	3	124.05	41.35	.000	62.03	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	73	182	4,988.75	27.41	.022	68.34	.61
HOSPICE SERVICES	76	1,808	204,251.92	112.97	.220	2687.53	24.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	505	118,879	54,527.75	.46	14.485	107.98	6.64
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	2,216	86,987	\$ 634,285.15	\$ 7.29	10.599	\$ 286.23	\$ 77.29

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

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22,759 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22,150	552,454	\$ 29,630,199.74	\$ 53.63	24.274	\$ 1337.71	\$ 1301.91
@PHYSICIANS SERVICES	3,062	9,043	\$ 189,966.54	\$ 21.01	.397	\$ 62.04	\$ 8.35
OUTPATIENT VISITS	117	152	5,526.16	36.36	.007	47.23	.24
OFFICE VISITS	108	143	5,014.62	35.07	.006	46.43	.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	397.46	79.49	.000	79.49	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	114.08	28.52	.000	28.52	.01
INPATIENT VISITS	57	275	11,822.34	42.99	.012	207.41	.52
HOSPITAL VISITS	46	248	10,292.34	41.50	.011	223.75	.45
CRITICAL CARE	3	9	1,094.40	121.60	.000	364.80	.05
SNF/ICF/TRANS IP CARE	14	18	435.60	24.20	.001	31.11	.02
OPHTHALMOLOGICAL SERVICES	17	20	772.69	38.63	.001	45.45	.03

EXAMINATIONS	17	20		772.69		38.63	.001	45.45	.03	
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	26	224		20,190.89		90.14	.010	776.57	.89	
PRINCIPAL SURGEON	22	154		17,070.55		110.85	.007	775.93	.75	
ASSISTANT SURGEON	8	8		1,779.16		222.40	.000	222.40	.08	
ANESTHESIOLOGIST	4	62		1,341.18		21.63	.003	335.30	.06	
OUTPATIENT SURGERY	36	195		11,953.21		61.30	.009	332.03	.53	
PRINCIPAL SURGEON	29	31		10,636.77		343.12	.001	366.79	.47	
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00	
ANESTHESIOLOGIST	9	164		1,316.44		8.03	.007	146.27	.06	
DIALYSIS	8	28		3,270.72		116.81	.001	408.84	.14	
PATHOLOGY	16	70		895.77		12.80	.003	55.99	.04	
RADIOLOGY	121	264		10,009.56		37.92	.012	82.72	.44	
PSYCHIATRY	0	0		.00		.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	9	290		12,108.69		41.75	.013	1345.41	.53	
OTHER SERVICES/ALL X-OVERS	2,815	7,525		113,416.51		15.07	.331	40.29	4.98	
@PHARMACY	17,348	171,054	\$	6,205,507.43	\$	36.28	7.516	\$ 357.71	\$ 272.66	
PRESCRIPTION DRUGS	17,136	98,047		6,087,412.27		62.09	4.308	355.24	267.47	
SNF/ICF	6,306	47,717		2,539,403.48		53.22	2.097	402.70	111.58	
OUTPATIENTS	10,902	50,330		3,548,008.79		70.49	2.211	325.45	155.89	
MEDICAL SUPPLIES	1,292	73,007		118,095.16		1.62	3.208	91.40	5.19	
@DENTIST	940	2,933	\$	111,723.15	\$	38.09	.129	\$ 118.85	\$ 4.91	
VISITS - DIAGNOSTIC	758	2,178		34,167.50		15.69	.096	45.08	1.50	
ORAL SURGERY	77	188		10,632.00		56.55	.008	138.08	.47	
DRUGS	0	0		.00		.00	.000	.00	.00	
ANESTHESIA	1	1		.00		.00	.000	.00	.00	
PERIODONTICS	19	19		1,801.00		94.79	.001	94.79	.08	
ENDODONTICS	17	22		3,741.00		170.05	.001	220.06	.16	
RESTORATIVE DENTISTRY	91	185		13,041.65		70.50	.008	143.31	.57	
PROSTHETICS	5	5		105.00		21.00	.000	21.00	.00	
DENTURES, STAYPLATES	137	317		48,235.00		152.16	.014	352.08	2.12	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00	
ALL OTHER SERVICES	17	18		.00		.00	.001	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									PAGE 1,114
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED									

	22,759 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	441	1,057	\$	20,363.12	\$ 19.27	.046	\$ 46.17	\$.89
DIAGNOSTIC AND ANC. PROCED	41	42		1,835.09	43.69	.002	44.76	.08
EYE APPLIANCES	331	893		15,216.85	17.04	.039	45.97	.67
OTHER OPTOMETRIC SERVICES	105	122		3,311.18	27.14	.005	31.54	.15
@CHIROPRACTOR	10	14	\$	176.19	\$ 12.59	.001	\$ 17.62	\$.01
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	10	14		176.19	12.59	.001	17.62	.01
@PODIATRIST	609	927	\$	7,753.05	\$ 8.36	.041	\$ 12.73	\$.34
MEDICINE/INJECTIONS	1	1		57.20	57.20	.000	57.20	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	608	926		7,695.85	8.31	.041	12.66	.34
@HOME HEALTH AGENCY	8	45	\$	3,176.76	\$ 70.59	.002	\$ 397.10	\$.14
NURSE ANESTHESIST	4	35	\$	483.45	\$ 13.81	.002	\$ 120.86	\$.02

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2,437	8,616	\$	1,117,012.57	\$	129.64	.379	\$	458.36	\$	49.08
HOSP INPATIENT TOTAL	393	270		939,592.16		3479.97	.012		2390.82		41.28
HSC HOSPITALS	7	45		46,541.35		1034.25	.002		6648.76		2.04
NON-HSC HOSPITAL TOTAL	29	225		592,814.00		2634.73	.010		20441.86		26.05
ACCOMMODATIONS	29	225		167,358.43		743.82	.010		5770.98		7.35
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	29	225		167,358.43		743.82	.010		5770.98		7.35
ANCILLARIES	29	0		425,455.57		.00	.000		14670.88		18.69
INPATIENT CROSSOVERS	358	0		300,236.81		.00	.000		838.65		13.19
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,239	8,346		177,420.41		21.26	.367		79.24		7.80
MEDICAL	71	147		9,269.30		63.06	.006		130.55		.41
SURGERY	18	19		1,548.92		81.52	.001		86.05		.07
PATHOLOGY	184	536		6,562.52		12.24	.024		35.67		.29
RADIOLOGY	60	90		10,676.25		118.63	.004		177.94		.47
ROOM USE	57	77		3,877.89		50.36	.003		68.03		.17
CROSSOVERS/ALL OTH OUTPTNT	2,043	7,477		145,485.53		19.46	.329		71.21		6.39
@COUNTY HOSPITAL TOTAL	5	16	\$	1,115.90	\$	69.74	.001	\$	223.18	\$	.05
CO HOSPITAL INPATIENT TOTAL	1	0		840.00		.00	.000		840.00		.04
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		840.00		.00	.000		840.00		.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	4	16	275.90	17.24	.001	68.98	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	12	68.05	5.67	.001	34.03	.00
RADIOLOGY	2	4	207.85	51.96	.000	103.93	.01
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	0	.00	.00	.000	.00	.00

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BUTTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

						----- MONTHLY AVERAGE -----			
22,759 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	2,433	8,600	\$	1,115,896.67	\$ 129.76	.378	\$ 458.65	\$ 49.03	
COMM HOSP INPATIENT TOTAL	392	270		938,752.16	3476.86	.012	2394.78	41.25	
HSC HOSPITALS	7	45		46,541.35	1034.25	.002	6648.76	2.04	
NON-HSC HOSPITALS TOTAL	29	225		592,814.00	2634.73	.010	20441.86	26.05	
ACCOMMODATIONS	29	225		167,358.43	743.82	.010	5770.98	7.35	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	29	225		167,358.43	743.82	.010	5770.98	7.35	
ANCILLARIES	29	0		425,455.57	.00	.000	14670.88	18.69	
INPATIENT CROSSOVERS	357	0		299,396.81	.00	.000	838.65	13.16	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	2,236	8,330		177,144.51	21.27	.366	79.22	7.78	
MEDICAL	71	147		9,269.30	63.06	.006	130.55	.41	
SURGERY	18	19		1,548.92	81.52	.001	86.05	.07	
PATHOLOGY	182	524		6,494.47	12.39	.023	35.68	.29	
RADIOLOGY	58	86		10,468.40	121.73	.004	180.49	.46	
ROOM USE	57	77		3,877.89	50.36	.003	68.03	.17	
CROSSOVERS/ALL OTH OUTPTNT	2,043	7,477		145,485.53	19.46	.329	71.21	6.39	
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	6,864	206,047	\$	20,806,428.99	\$ 100.98	9.053	\$ 3031.24	\$ 914.21	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	1	25		7,736.25	309.45	.001	7736.25	.34	
LEV B-SUBACUTE HSPTL BASED	2	17		9,235.34	543.26	.001	4617.67	.41	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	6,862	206,005		20,789,457.40	100.92	9.052	3029.65	913.46	
@INTERMEDIATE CARE FACIL.-DD	15	442	\$	82,881.70	\$ 187.52	.019	\$ 5525.45	\$ 3.64	
ICF DDH	3	79		13,745.74	174.00	.003	4581.91	.60	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	12	363		69,135.96	190.46	.016	5761.33	3.04	
@HEMODIALYSIS TOTAL	90	578	\$	72,162.99	\$ 124.85	.025	\$ 801.81	\$ 3.17	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	90	578		72,162.99	124.85	.025	801.81	3.17	
@REHABILITATION FACILITY	4	38	\$	539.37	\$ 14.19	.002	\$ 134.84	\$.02	
HOSPITAL BASED	4	38		539.37	14.19	.002	134.84	.02	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	96	312	\$	4,458.72	\$ 14.29	.014	\$ 46.45	\$.20	
PATHOLOGY	84	296		4,284.58	14.47	.013	51.01	.19	
XO AND OTHERS	12	16		174.14	10.88	.001	14.51	.01	
@ORGANIZED OUTPATIENT CLINIC	1,653	2,987	\$	186,832.92	\$ 62.55	.131	\$ 113.03	\$ 8.21	
CLINIC	61	87		6,466.44	74.33	.004	106.01	.28	

SURGICENTER	16	30	3,534.84	117.83	.001	220.93	.16
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,587	2,870	176,831.64	61.61	.126	111.43	7.77

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
22,759 ELIGIBLES							
@ALL OTHER PROVIDERS	3,851	148,326	\$ 820,732.79	\$ 5.53	6.517	\$ 213.12	\$ 36.06
DURABLE MED. EQUIP.	159	1,502	76,205.54	50.74	.066	479.28	3.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	281	515	43,525.30	84.52	.023	154.89	1.91
MEDICAL TRANSPORTATION	1,135	32,041	148,440.84	4.63	1.408	130.78	6.52
AMBULANCES/AIR TRANS	65	222	7,035.25	31.69	.010	108.23	.31
OTHER TRANS	1,059	31,492	139,522.83	4.43	1.384	131.75	6.13
OTHER SERVICES	90	327	1,882.76	5.76	.014	20.92	.08
ACUPUNCTURE	12	18	313.58	17.42	.001	26.13	.01
ADULT DAY HEALTH CARE CTR	99	1,370	95,394.20	69.63	.060	963.58	4.19
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	225	2,955	136,010.91	46.03	.130	604.49	5.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	401	890	10,688.86	12.01	.039	26.66	.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	35	47	33.44	.71	.002	.96	.00
PROSTHETIST/ORTHOTISTS	9	28	1,737.28	62.05	.001	193.03	.08
PROSTHETICS	9	28	1,737.28	62.05	.001	193.03	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	53	102	5,242.82	51.40	.004	98.92	.23
HOSPICE SERVICES	83	1,962	213,822.97	108.98	.086	2576.18	9.40
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,743	106,896	89,317.05	.84	4.697	51.24	3.92
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	6,783	71,402	\$ 1,444,866.67	\$ 20.24	3.137	\$ 213.01	\$ 63.49

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,117
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
120 ELIGIBLES							
@TOTAL, ALL PROVIDERS	126	6,532	\$ 280,167.58	\$ 42.89	54.433	\$ 2223.55	\$ 2334.73
@PHYSICIANS SERVICES	27	61	\$ 1,300.40	\$ 21.32	.508	\$ 48.16	\$ 10.84
OUTPATIENT VISITS	2	2	148.99	74.50	.017	74.50	1.24
OFFICE VISITS	1	1	40.91	40.91	.008	40.91	.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.008	108.08	.90
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2		45.33	22.67	.017	45.33	.38
EXAMINATIONS	1	2		45.33	22.67	.017	45.33	.38
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		6.06	6.06	.008	6.06	.05
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	25	56		1,100.02	19.64	.467	44.00	9.17
@PHARMACY	108	1,645	\$	73,163.37	\$ 44.48	13.708	\$ 677.44	\$ 609.69
PRESCRIPTION DRUGS	108	800		72,594.65	90.74	6.667	672.17	604.96
SNF/ICF	55	560		55,213.14	98.59	4.667	1003.88	460.11
OUTPATIENTS	53	240		17,381.51	72.42	2.000	327.95	144.85
MEDICAL SUPPLIES	7	845		568.72	.67	7.042	81.25	4.74
@DENTIST	14	40	\$	1,614.00	\$ 40.35	.333	\$ 115.29	\$ 13.45
VISITS - DIAGNOSTIC	13	31		430.00	13.87	.258	33.08	3.58
ORAL SURGERY	1	1		.00	.00	.008	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	6		284.00	47.33	.050	284.00	2.37
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		900.00	450.00	.017	900.00	7.50
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,118
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

120 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 42.85	\$ 14.28	.025	\$ 42.85	\$.36
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	42.85	14.28	.025	42.85	.36
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	5	\$ 29.54	\$ 5.91	.042	\$ 7.39	\$.25

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	4	5		29.54	5.91	.042	7.39	.25
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	16	96	\$	3,566.93	\$ 37.16	.800	\$ 222.93	\$ 29.72
HOSP INPATIENT TOTAL	3	0		2,556.00	.00	.000	852.00	21.30
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0		2,556.00	.00	.000	852.00	21.30
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	16	96		1,010.93	10.53	.800	63.18	8.42
MEDICAL	2	3		61.36	20.45	.025	30.68	.51
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	11		76.80	6.98	.092	38.40	.64
RADIOLOGY	1	1		23.70	23.70	.008	23.70	.20
ROOM USE	2	2		82.20	41.10	.017	41.10	.69
CROSSOVERS/ALL OTH OUTPTNT	13	79		766.87	9.71	.658	58.99	6.39
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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BUTTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	120 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	96	\$	3,566.93	\$ 37.16	.800	\$ 222.93	\$ 29.72
COMM HOSP INPATIENT TOTAL	3	0		2,556.00	.00	.000	852.00	21.30
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0		2,556.00	.00	.000	852.00	21.30
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	16	96		1,010.93	10.53	.800	63.18	8.42
MEDICAL	2	3		61.36	20.45	.025	30.68	.51
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	11		76.80	6.98	.092	38.40	.64
RADIOLOGY	1	1		23.70	23.70	.008	23.70	.20
ROOM USE	2	2		82.20	41.10	.017	41.10	.69
CROSSOVERS/ALL OTH OUTPTNT	13	79		766.87	9.71	.658	58.99	6.39
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	42	1,256	\$	125,781.44	\$ 100.14	10.467	\$ 2994.80	\$ 1048.18
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	42	1,256		125,781.44	100.14	10.467	2994.80	1048.18
@INTERMEDIATE CARE FACIL.-DD	12	363	\$	55,490.39	\$ 152.87	3.025	\$ 4624.20	\$ 462.42
ICF DDH	12	363		55,490.39	152.87	3.025	4624.20	462.42
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	8	11	\$	1,765.58	\$ 160.51	.092	\$ 220.70	\$ 14.71
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	2	2		397.84	198.92	.017	198.92	3.32
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	9		1,367.74	151.97	.075	227.96	11.40

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BUTTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

120 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	43	3,052	\$ 17,413.08	\$ 5.71	25.433	\$ 404.96	\$ 145.11
DURABLE MED. EQUIP.	1	2	95.24	47.62	.017	95.24	.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	15	263	1,175.34	4.47	2.192	78.36	9.79
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	15	263	1,175.34	4.47	2.192	78.36	9.79
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	9	125	8,707.94	69.66	1.042	967.55	72.57
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	7	130	5,526.03	42.51	1.083	789.43	46.05
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	14.34	7.17	.017	14.34	.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	39.84	19.92	.017	39.84	.33
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	24	2,528	1,854.35	.73	21.067	77.26	15.45
@CALIF. CHILDREN SERVICES*	3	2	\$ 1,102.71	\$ 551.36	.017	\$ 367.57	\$ 9.19
@XOVER EXCLUDING STATE HOSP**	45	158	\$ 7,757.65	\$ 49.10	1.317	\$ 172.39	\$ 64.65

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,121
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED	

13,605 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13,933	337,385	\$ 15,870,206.74	\$ 47.04	24.799	\$ 1139.04	\$ 1166.50
@PHYSICIANS SERVICES	3,168	13,337	\$ 465,041.89	\$ 34.87	.980	\$ 146.79	\$ 34.18

OUTPATIENT VISITS	640	944		33,636.04	35.63	.069	52.56	2.47
OFFICE VISITS	549	797		24,662.85	30.94	.059	44.92	1.81
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	84	106		7,645.74	72.13	.008	91.02	.56
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	35	41		1,327.45	32.38	.003	37.93	.10
INPATIENT VISITS	311	1,734		76,608.40	44.18	.127	246.33	5.63
HOSPITAL VISITS	275	1,541		59,074.28	38.34	.113	214.82	4.34
CRITICAL CARE	25	95		14,297.20	150.50	.007	571.89	1.05
SNF/ICF/TRANS IP CARE	40	98		3,236.92	33.03	.007	80.92	.24
OPHTHALMOLOGICAL SERVICES	73	93		3,864.17	41.55	.007	52.93	.28
EXAMINATIONS	73	93		3,864.17	41.55	.007	52.93	.28
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	152	1,114		84,246.84	75.63	.082	554.26	6.19
PRINCIPAL SURGEON	133	338		71,376.74	211.17	.025	536.67	5.25
ASSISTANT SURGEON	10	12		2,800.29	233.36	.001	280.03	.21
ANESTHESIOLOGIST	33	764		10,069.81	13.18	.056	305.15	.74
OUTPATIENT SURGERY	169	452		43,332.27	95.87	.033	256.40	3.19
PRINCIPAL SURGEON	138	204		37,575.85	184.20	.015	272.29	2.76
ASSISTANT SURGEON	3	3		390.54	130.18	.000	130.18	.03
ANESTHESIOLOGIST	35	245		5,365.88	21.90	.018	153.31	.39
DIALYSIS	22	47		5,892.32	125.37	.003	267.83	.43
PATHOLOGY	103	322		7,124.91	22.13	.024	69.17	.52
RADIOLOGY	640	1,828		65,295.60	35.72	.134	102.02	4.80
PSYCHIATRY	1	1		25.96	25.96	.000	25.96	.00
IMMUNIZATION AND INJECTION	45	587		43,952.03	74.88	.043	976.71	3.23
OTHER SERVICES/ALL X-OVERS	1,996	6,215		101,063.35	16.26	.457	50.63	7.43
@PHARMACY	10,870	125,753	\$	6,880,085.81	\$ 54.71	9.243	\$ 632.94	\$ 505.70
PRESCRIPTION DRUGS	10,699	60,208		6,634,464.89	110.19	4.425	620.10	487.65
SNF/ICF	750	6,629		454,396.54	68.55	.487	605.86	33.40
OUTPATIENTS	9,973	53,579		6,180,068.35	115.34	3.938	619.68	454.25
MEDICAL SUPPLIES	1,337	65,545		245,620.92	3.75	4.818	183.71	18.05
@DENTIST	629	2,847	\$	127,186.37	\$ 44.67	.209	\$ 202.20	\$ 9.35
VISITS - DIAGNOSTIC	400	1,555		20,304.65	13.06	.114	50.76	1.49
ORAL SURGERY	94	366		18,089.25	49.42	.027	192.44	1.33
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	5	5		600.00	120.00	.000	120.00	.04
PERIODONTICS	43	53		5,605.00	105.75	.004	130.35	.41
ENDODONTICS	56	76		16,314.00	214.66	.006	291.32	1.20
RESTORATIVE DENTISTRY	207	507		31,925.25	62.97	.037	154.23	2.35
PROSTHETICS	6	6		180.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	90	265		33,872.00	127.82	.019	376.36	2.49
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		296.22	.00	.000	.00	.02
ORTHODONTIC SERVICES	1	1		.00	.00	.000	.00	.00
ALL OTHER SERVICES	10	12		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY								
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
FEE-FOR-SERVICE/DENTAL								
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED								
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		----- MONTHLY AVERAGE -----						
13,605 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	398	1,038	\$ 20,026.01	\$ 19.29	.076	\$ 50.32	\$ 1.47	
DIAGNOSTIC AND ANC. PROCED	104	110	4,691.13	42.65	.008	45.11	.34	

EYE APPLIANCES	314	854		13,779.81	16.14	.063	43.88	1.01
OTHER OPTOMETRIC SERVICES	55	74		1,555.07	21.01	.005	28.27	.11
@CHIROPRACTOR	2	2	\$	33.44	\$ 16.72	.000	\$ 16.72	\$.00
VISITS	1	1		16.72	16.72	.000	16.72	.00
OTHER SERVICES	1	1		16.72	16.72	.000	16.72	.00
@PODIATRIST	127	332	\$	3,282.82	\$ 9.89	.024	\$ 25.85	\$.24
MEDICINE/INJECTIONS	21	27		720.65	26.69	.002	34.32	.05
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	2		41.52	20.76	.000	20.76	.00
OTHER	106	303		2,520.65	8.32	.022	23.78	.19
@HOME HEALTH AGENCY	98	13,532	\$	416,479.12	\$ 30.78	.995	\$ 4249.79	\$ 30.61
NURSE ANESTHESIST	19	249	\$	1,998.29	\$ 8.03	.018	\$ 105.17	\$.15
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	57.20	\$ 57.20	.000	\$ 57.20	\$.00
@TOTAL HOSPITAL	2,854	15,062	\$	3,093,079.69	\$ 205.36	1.107	\$ 1083.77	\$ 227.35
HOSP INPATIENT TOTAL	329	1,219		2,694,642.06	2210.53	.090	8190.40	198.06
HSC HOSPITALS	14	132		164,366.00	1245.20	.010	11740.43	12.08
NON-HSC HOSPITAL TOTAL	172	1,087		2,396,969.94	2205.12	.080	13935.87	176.18
ACCOMMODATIONS	172	1,087		772,055.10	710.26	.080	4488.69	56.75
ADMINISTRATIVE DAYS	1	1		173.48	173.48	.000	173.48	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	171	1,086		771,881.62	710.76	.080	4513.93	56.74
ANCILLARIES	172	0		1,624,914.84	.00	.000	9447.18	119.44
INPATIENT CROSSOVERS	145	0		133,306.12	.00	.000	919.35	9.80
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,711	13,843		398,437.63	28.78	1.017	146.97	29.29
MEDICAL	496	1,011		68,724.42	67.98	.074	138.56	5.05
SURGERY	120	138		7,110.94	51.53	.010	59.26	.52
PATHOLOGY	704	3,274		38,871.13	11.87	.241	55.21	2.86
RADIOLOGY	403	874		74,095.26	84.78	.064	183.86	5.45
ROOM USE	505	822		35,522.57	43.21	.060	70.34	2.61
CROSSOVERS/ALL OTH OUTPTNT	1,833	7,724		174,113.31	22.54	.568	94.99	12.80
@COUNTY HOSPITAL TOTAL	2	6	\$	116.53	\$ 19.42	.000	\$ 58.27	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	6		116.53	19.42	.000	58.27	.01
MEDICAL	1	1		42.57	42.57	.000	42.57	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		36.88	36.88	.000	36.88	.00
CROSSOVERS/ALL OTH OUTPTNT	1	4		37.08	9.27	.000	37.08	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,123
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

13,605 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,853	15,056	\$ 3,092,963.16	\$ 205.43	1.107	\$ 1084.11	\$ 227.34
COMM HOSP INPATIENT TOTAL	329	1,219	2,694,642.06	2210.53	.090	8190.40	198.06
HSC HOSPITALS	14	132	164,366.00	1245.20	.010	11740.43	12.08
NON-HSC HOSPITALS TOTAL	172	1,087	2,396,969.94	2205.12	.080	13935.87	176.18
ACCOMMODATIONS	172	1,087	772,055.10	710.26	.080	4488.69	56.75
ADMINISTRATIVE DAYS	1	1	173.48	173.48	.000	173.48	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	171	1,086	771,881.62	710.76	.080	4513.93	56.74
ANCILLARIES	172	0	1,624,914.84	.00	.000	9447.18	119.44
INPATIENT CROSSOVERS	145	0	133,306.12	.00	.000	919.35	9.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,710	13,837	398,321.10	28.79	1.017	146.98	29.28
MEDICAL	495	1,010	68,681.85	68.00	.074	138.75	5.05
SURGERY	120	138	7,110.94	51.53	.010	59.26	.52
PATHOLOGY	704	3,274	38,871.13	11.87	.241	55.21	2.86
RADIOLOGY	403	874	74,095.26	84.78	.064	183.86	5.45
ROOM USE	504	821	35,485.69	43.22	.060	70.41	2.61
CROSSOVERS/ALL OTH OUTPTNT	1,833	7,720	174,076.23	22.55	.567	94.97	12.80
@STATE HOSPITAL	0	0	\$ 89.10	\$.00	.000	\$.00	\$.01
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	89.10	.00	.000	.00	.01
@NURSING FACILITY	529	14,945	\$ 2,169,341.49	\$ 145.16	1.098	\$ 4100.83	\$ 159.45
LEV A-INTERMEDIATE	4	163	12,729.58	78.10	.012	3182.40	.94
LEV B-REHAB MD	10	366	41,963.12	114.65	.027	4196.31	3.08
LEV B-SUBACUTE FREESTANDING	25	802	281,196.11	350.62	.059	11247.84	20.67
LEV B-SUBACUTE HSPTL BASED	19	666	378,187.21	567.85	.049	19904.59	27.80
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	471	12,948	1,455,265.47	112.39	.952	3089.74	106.97
@INTERMEDIATE CARE FACIL.-DD	289	8,545	\$ 1,408,338.62	\$ 164.81	.628	\$ 4873.14	\$ 103.52
ICF DDH	197	5,830	897,647.12	153.97	.429	4556.58	65.98
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	93	2,715	510,691.50	188.10	.200	5491.31	37.54
@HEMODIALYSIS TOTAL	160	897	\$ 141,406.41	\$ 157.64	.066	\$ 883.79	\$ 10.39
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	160	897	141,406.41	157.64	.066	883.79	10.39
@REHABILITATION FACILITY	54	753	\$ 15,100.40	\$ 20.05	.055	\$ 279.64	\$ 1.11
HOSPITAL BASED	38	305	8,135.21	26.67	.022	214.08	.60
INDEPENDENT FACILITY	16	448	6,965.19	15.55	.033	435.32	.51
@LABORATORY FACILITY	343	1,743	\$ 31,041.20	\$ 17.81	.128	\$ 90.50	\$ 2.28
PATHOLOGY	331	1,713	30,918.16	18.05	.126	93.41	2.27
XO AND OTHERS	12	30	123.04	4.10	.002	10.25	.01
@ORGANIZED OUTPATIENT CLINIC	3,157	6,191	\$ 500,408.31	\$ 80.83	.455	\$ 158.51	\$ 36.78
CLINIC	103	169	18,046.54	106.78	.012	175.21	1.33
SURGICENTER	18	105	3,834.25	36.52	.008	213.01	.28
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,077	5,917	478,527.52	80.87	.435	155.52	35.17

#CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

PAGE 1,124 03/14/05

	13,605 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,322	132,158	\$ 597,210.57	\$ 4.52	9.714	\$ 257.20	\$ 43.90	
DURABLE MED. EQUIP.	208	833	69,856.43	83.86	.061	335.85	5.13	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	28	65	5,980.41	92.01	.005	213.59	.44
MEDICAL TRANSPORTATION	466	22,213	107,357.68	4.83	1.633	230.38	7.89
AMBULANCES/AIR TRANS	179	1,348	26,383.11	19.57	.099	147.39	1.94
OTHER TRANS	286	20,780	76,562.42	3.68	1.527	267.70	5.63
OTHER SERVICES	17	85	4,412.15	51.91	.006	259.54	.32
ACUPUNCTURE	29	51	892.08	17.49	.004	30.76	.07
ADULT DAY HEALTH CARE CTR	40	747	52,028.46	69.65	.055	1300.71	3.82
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	209	4,737	195,493.35	41.27	.348	935.37	14.37
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	343	774	8,484.04	10.96	.057	24.73	.62
PHYSICAL THERAPIST	6	48	693.06	14.44	.004	115.51	.05
PORTABLE X-RAY	7	11	64.72	5.88	.001	9.25	.00
PROSTHETIST/ORTHOTISTS	20	50	4,471.62	89.43	.004	223.58	.33
PROSTHETICS	17	41	3,267.44	79.69	.003	192.20	.24
ORTHOTICS	3	9	1,204.18	133.80	.001	401.39	.09
PSYCHOLOGIST	1	1	75.96	75.96	.000	75.96	.01
SPEECH AND AUDIOLOGY	64	206	12,149.80	58.98	.015	189.84	.89
HOSPICE SERVICES	23	448	52,137.50	116.38	.033	2266.85	3.83
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	34	422	2,688.89	6.37	.031	79.09	.20
EPSDT SUPPLEMENTAL SERVICE	5	405	11,785.56	29.10	.030	2357.11	.87
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,075	101,147	73,051.01	.72	7.435	67.95	5.37
@CALIF. CHILDREN SERVICES*	66	1,117	\$ 131,014.25	\$ 117.29	.082	\$ 1985.06	\$ 9.63
@XOVER EXCLUDING STATE HOSP**	3,634	79,106	\$ 581,622.25	\$ 7.35	5.814	\$ 160.05	\$ 42.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL

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BUTTE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

205,582 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	102,370	534,438	\$ 35,157,516.56	\$ 65.78	2.600	\$ 343.44	\$ 171.01
@PHYSICIANS SERVICES	21,708	58,364	\$ 2,878,360.66	\$ 49.32	.284	\$ 132.59	\$ 14.00
OUTPATIENT VISITS	10,350	12,911	573,304.67	44.40	.063	55.39	2.79
OFFICE VISITS	7,478	9,031	322,754.35	35.74	.044	43.16	1.57
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,182	2,440	138,844.17	56.90	.012	63.63	.68
PREVENTIVE CARE	18	20	828.10	41.41	.000	46.01	.00
OB VISITS/COMPRE PERI	683	1,112	101,343.94	91.14	.005	148.38	.49
OTHER OUTPATIENT	270	308	9,534.11	30.95	.001	35.31	.05
INPATIENT VISITS	1,542	5,672	321,046.26	56.60	.028	208.20	1.56
HOSPITAL VISITS	1,482	4,857	205,132.56	42.23	.024	138.42	1.00
CRITICAL CARE	147	778	114,364.60	147.00	.004	777.99	.56
SNF/ICF/TRANS IP CARE	12	37	1,549.10	41.87	.000	129.09	.01
OPHTHALMOLOGICAL SERVICES	672	753	31,337.41	41.62	.004	46.63	.15
EXAMINATIONS	671	752	31,317.41	41.65	.004	46.67	.15
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	1,398	7,340	834,365.13	113.67	.036	596.83	4.06
PRINCIPAL SURGEON	996	1,411	701,935.12	497.47	.007	704.75	3.41
ASSISTANT SURGEON	183	184	31,812.35	172.89	.001	173.84	.15
ANESTHESIOLOGIST	447	5,745	100,617.66	17.51	.028	225.10	.49
OUTPATIENT SURGERY	1,986	6,222	397,558.27	63.90	.030	200.18	1.93
PRINCIPAL SURGEON	1,638	2,167	323,110.47	149.10	.011	197.26	1.57
ASSISTANT SURGEON	31	31	3,060.40	98.72	.000	98.72	.01
ANESTHESIOLOGIST	446	4,024	71,387.40	17.74	.020	160.06	.35
DIALYSIS	18	45	4,873.08	108.29	.000	270.73	.02
PATHOLOGY	1,233	2,116	57,003.25	26.94	.010	46.23	.28
RADIOLOGY	8,678	13,781	417,087.42	30.27	.067	48.06	2.03
PSYCHIATRY	4	6	220.90	36.82	.000	55.23	.00
IMMUNIZATION AND INJECTION	317	1,234	42,040.79	34.07	.006	132.62	.20
OTHER SERVICES/ALL X-OVERS	2,841	8,284	199,523.48	24.09	.040	70.23	.97
@PHARMACY	52,211	161,723	\$ 8,454,217.14	\$ 52.28	.787	\$ 161.92	\$ 41.12
PRESCRIPTION DRUGS	51,735	136,946	8,276,479.37	60.44	.666	159.98	40.26
SNF/ICF	51	393	63,481.14	161.53	.002	1244.73	.31
OUTPATIENTS	51,695	136,553	8,212,998.23	60.15	.664	158.87	39.95
MEDICAL SUPPLIES	1,848	24,777	177,737.77	7.17	.121	96.18	.86
@DENTIST	7,729	38,490	\$ 1,339,129.82	\$ 34.79	.187	\$ 173.26	\$ 6.51
VISITS - DIAGNOSTIC	5,584	24,610	368,919.02	14.99	.120	66.07	1.79
ORAL SURGERY	1,109	2,526	153,971.49	60.95	.012	138.84	.75
DRUGS	189	212	4,950.00	23.35	.001	26.19	.02
ANESTHESIA	53	54	4,785.00	88.61	.000	90.28	.02
PERIODONTICS	238	247	26,623.00	107.79	.001	111.86	.13
ENDODONTICS	702	1,150	207,313.05	180.27	.006	295.32	1.01
RESTORATIVE DENTISTRY	2,697	8,167	441,292.13	54.03	.040	163.62	2.15
PROSTHETICS	26	27	818.50	30.31	.000	31.48	.00
DENTURES, STAYPLATES	150	534	51,077.14	95.65	.003	340.51	.25
SPACE MAINTAINERS	49	60	6,050.90	100.85	.000	123.49	.03
MAXILLOFACIAL SERVICES	14	44	16,775.84	381.27	.000	1198.27	.08
FRACTURES, DISLOCATIONS	2	3	2,280.00	760.00	.000	1140.00	.01
ORTHODONTIC SERVICES	542	660	50,777.50	76.94	.003	93.69	.25
ALL OTHER SERVICES	158	196	3,496.25	17.84	.001	22.13	.02

BUTTE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

205,582 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	2,896	7,652	\$ 171,156.27	\$ 22.37	.037	\$ 59.10	\$.83
DIAGNOSTIC AND ANC. PROCED	2,001	2,102	88,662.92	42.18	.010	44.31	.43
EYE APPLIANCES	1,969	5,454	80,729.31	14.80	.027	41.00	.39
OTHER OPTOMETRIC SERVICES	86	96	1,764.04	18.38	.000	20.51	.01
@CHIROPRACTOR	322	524	\$ 8,652.60	\$ 16.51	.003	\$ 26.87	\$.04
VISITS	322	524	8,652.60	16.51	.003	26.87	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	105	190	\$ 4,625.00	\$ 24.34	.001	\$ 44.05	\$.02
MEDICINE/INJECTIONS	81	111	3,253.55	29.31	.001	40.17	.02
SURGERY/ANES.	8	13	778.75	59.90	.000	97.34	.00
RADIO./PATHOLOGY	18	21	382.33	18.21	.000	21.24	.00
OTHER	15	45	210.37	4.67	.000	14.02	.00
@HOME HEALTH AGENCY	378	2,077	\$ 90,389.27	\$ 43.52	.010	\$ 239.13	\$.44
NURSE ANESTHESIST	267	3,189	\$ 34,155.29	\$ 10.71	.016	\$ 127.92	\$.17
NURSE MIDWIFE	1,213	7,203	\$ 236,837.67	\$ 32.88	.035	\$ 195.25	\$ 1.15
PEDIATRIC NURSE PRACTITIONER	2	2	\$ 58.30	\$ 29.15	.000	\$ 29.15	\$.00
FAMILY NURSE PRACTITIONER	132	300	\$ 4,907.09	\$ 16.36	.001	\$ 37.17	\$.02
@TOTAL HOSPITAL	29,052	116,956	\$ 14,498,731.82	\$ 123.97	.569	\$ 499.06	\$ 70.53
HOSP INPATIENT TOTAL	1,658	7,167	11,041,385.25	1540.59	.035	6659.46	53.71
HSC HOSPITALS	185	1,457	2,067,708.20	1419.15	.007	11176.80	10.06
NON-HSC HOSPITAL TOTAL	1,465	5,710	8,954,455.01	1568.21	.028	6112.26	43.56
ACCOMMODATIONS	1,460	5,710	2,929,837.05	513.11	.028	2006.74	14.25
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,459	5,707	2,929,143.15	513.25	.028	2007.64	14.25
ANCILLARIES	1,465	0	6,024,617.96	.00	.000	4112.37	29.31
INPATIENT CROSSOVERS	23	0	19,222.04	.00	.000	835.74	.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28,320	109,789	3,457,346.57	31.49	.534	122.08	16.82
MEDICAL	15,951	23,601	1,050,654.01	44.52	.115	65.87	5.11
SURGERY	1,899	2,280	123,881.74	54.33	.011	65.24	.60
PATHOLOGY	9,775	34,459	455,903.19	13.23	.168	46.64	2.22
RADIOLOGY	6,491	8,973	603,162.79	67.22	.044	92.92	2.93
ROOM USE	18,232	24,683	935,373.37	37.90	.120	51.30	4.55
CROSSOVERS/ALL OTH OUTPTNT	7,613	15,793	288,371.47	18.26	.077	37.88	1.40
@COUNTY HOSPITAL TOTAL	33	170	\$ 110,256.56	\$ 648.57	.001	\$ 3341.11	\$.54
CO HOSPITAL INPATIENT TOTAL	7	83	107,040.03	1289.64	.000	15291.43	.52
HSC HOSPITALS	7	83	107,040.03	1289.64	.000	15291.43	.52
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	28	87	3,216.53	36.97	.000	114.88	.02
MEDICAL	10	14	727.34	51.95	.000	72.73	.00
SURGERY	3	3	127.49	42.50	.000	42.50	.00
PATHOLOGY	6	19	179.44	9.44	.000	29.91	.00
RADIOLOGY	6	8	847.84	105.98	.000	141.31	.00
ROOM USE	23	27	1,055.02	39.07	.000	45.87	.01

----- MONTHLY AVERAGE -----							
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
205,582 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	29,029	116,786	\$ 14,388,475.26	\$ 123.20	.568	\$ 495.66	\$ 69.99
COMM HOSP INPATIENT TOTAL	1,651	7,084	10,934,345.22	1543.53	.034	6622.86	53.19
HSC HOSPITALS	178	1,374	1,960,668.17	1426.98	.007	11014.99	9.54
NON-HSC HOSPITALS TOTAL	1,465	5,710	8,954,455.01	1568.21	.028	6112.26	43.56
ACCOMMODATIONS	1,460	5,710	2,929,837.05	513.11	.028	2006.74	14.25
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,459	5,707	2,929,143.15	513.25	.028	2007.64	14.25
ANCILLARIES	1,465	0	6,024,617.96	.00	.000	4112.37	29.31
INPATIENT CROSSOVERS	23	0	19,222.04	.00	.000	835.74	.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	28,301	109,702	3,454,130.04	31.49	.534	122.05	16.80
MEDICAL	15,942	23,587	1,049,926.67	44.51	.115	65.86	5.11
SURGERY	1,896	2,277	123,754.25	54.35	.011	65.27	.60
PATHOLOGY	9,770	34,440	455,723.75	13.23	.168	46.65	2.22
RADIOLOGY	6,486	8,965	602,314.95	67.19	.044	92.86	2.93
ROOM USE	18,215	24,656	934,318.35	37.89	.120	51.29	4.54
CROSSOVERS/ALL OTH OUTPTNT	7,606	15,777	288,092.07	18.26	.077	37.88	1.40
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	22	623	\$ 111,373.64	\$ 178.77	.003	\$ 5062.44	\$.54
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	2	50	18,094.00	361.88	.000	9047.00	.09
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	20	573	93,279.64	162.79	.003	4663.98	.45
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	33	1,157	\$ 53,638.64	\$ 46.36	.006	\$ 1625.41	\$.26
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	33	1,157	53,638.64	46.36	.006	1625.41	.26
@REHABILITATION FACILITY	298	2,356	\$ 54,560.35	\$ 23.16	.011	\$ 183.09	\$.27
HOSPITAL BASED	278	1,962	48,655.64	24.80	.010	175.02	.24
INDEPENDENT FACILITY	20	394	5,904.71	14.99	.002	295.24	.03
@LABORATORY FACILITY	5,673	16,276	\$ 278,670.53	\$ 17.12	.079	\$ 49.12	\$ 1.36
PATHOLOGY	5,673	16,274	278,647.73	17.12	.079	49.12	1.36
XO AND OTHERS	2	2	22.80	11.40	.000	11.40	.00
@ORGANIZED OUTPATIENT CLINIC	33,423	56,002	\$ 6,189,196.98	\$ 110.52	.272	\$ 185.18	\$ 30.11
CLINIC	1,898	6,355	278,380.21	43.80	.031	146.67	1.35
SURGICENTER	104	643	22,799.95	35.46	.003	219.23	.11
HEROIN DETOX CLINIC	8	152	1,758.48	11.57	.001	219.81	.01
RURAL HEALTH CLINIC	31,773	48,852	5,886,258.34	120.49	.238	185.26	28.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 1,128
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BUTTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES						

205,582 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10,977	61,354	\$ 748,855.49	\$ 12.21	.298	\$ 68.22	\$ 3.64
DURABLE MED. EQUIP.	383	1,182	57,990.46	49.06	.006	151.41	.28
BLOOD BANK	5	3,969	11,907.00	3.00	.019	2381.40	.06
HEARING AID DISPENSERS	25	53	5,089.14	96.02	.000	203.57	.02
MEDICAL TRANSPORTATION	1,191	15,404	311,494.25	20.22	.075	261.54	1.52
AMBULANCES/AIR TRANS	1,160	14,533	210,338.62	14.47	.071	181.33	1.02
OTHER TRANS	28	816	4,417.13	5.41	.004	157.75	.02
OTHER SERVICES	54	55	96,738.50	1758.88	.000	1791.45	.47
ACUPUNCTURE	47	81	1,506.87	18.60	.000	32.06	.01
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	248	249	26,145.00	105.00	.001	105.42	.13
IHMC,MODEL-NF,NF,AIDS,MSSP	31	161	17,173.44	106.67	.001	553.98	.08
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,105	4,597	41,037.69	8.93	.022	19.50	.20
PHYSICAL THERAPIST	121	1,186	17,585.88	14.83	.006	145.34	.09
PORTABLE X-RAY	1	1	.61	.61	.000	.61	.00
PROSTHETIST/ORTHOTISTS	103	169	16,985.11	100.50	.001	164.90	.08
PROSTHETICS	100	165	16,769.53	101.63	.001	167.70	.08
ORTHOTICS	3	4	215.58	53.90	.000	71.86	.00
PSYCHOLOGIST	8	30	1,523.30	50.78	.000	190.41	.01
SPEECH AND AUDIOLOGY	377	1,099	51,950.40	47.27	.005	137.80	.25
HOSPICE SERVICES	3	28	3,388.28	121.01	.000	1129.43	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6,162	18,249	168,783.00	9.25	.089	27.39	.82
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	326	14,896	16,295.06	1.09	.072	49.98	.08
@CALIF. CHILDREN SERVICES*	595	21,975	\$ 1,875,125.44	\$ 85.33	.107	\$ 3151.47	\$ 9.12
@XOVER EXCLUDING STATE HOSP**	532	3,223	\$ 66,440.79	\$ 20.61	.016	\$ 124.89	\$.32

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

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242,066 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	138,579	1,430,809	\$ 80,938,090.62	\$ 56.57	5.911	\$ 584.06	\$ 334.36
@PHYSICIANS SERVICES	27,965	80,805	\$ 3,534,669.49	\$ 43.74	.334	\$ 126.40	\$ 14.60
OUTPATIENT VISITS	11,109	14,009	612,615.86	43.73	.058	55.15	2.53
OFFICE VISITS	8,136	9,972	352,472.73	35.35	.041	43.32	1.46
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,272	2,552	146,995.45	57.60	.011	64.70	.61
PREVENTIVE CARE	18	20	828.10	41.41	.000	46.01	.00
OB VISITS/COMPRE PERI	683	1,112	101,343.94	91.14	.005	148.38	.42
OTHER OUTPATIENT	309	353	10,975.64	31.09	.001	35.52	.05
INPATIENT VISITS	1,910	7,681	409,477.00	53.31	.032	214.39	1.69
HOSPITAL VISITS	1,803	6,646	274,499.18	41.30	.027	152.25	1.13
CRITICAL CARE	175	882	129,756.20	147.12	.004	741.46	.54
SNF/ICF/TRANS IP CARE	66	153	5,221.62	34.13	.001	79.12	.02
OPHTHALMOLOGICAL SERVICES	763	868	36,019.60	41.50	.004	47.21	.15

EXAMINATIONS	762	867	35,999.60	41.52	.004	47.24	.15
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	1,576	8,678	938,802.86	108.18	.036	595.69	3.88
PRINCIPAL SURGEON	1,151	1,903	790,382.41	415.33	.008	686.69	3.27
ASSISTANT SURGEON	201	204	36,391.80	178.39	.001	181.05	.15
ANESTHESIOLOGIST	484	6,571	112,028.65	17.05	.027	231.46	.46
OUTPATIENT SURGERY	2,191	6,869	452,843.75	65.93	.028	206.68	1.87
PRINCIPAL SURGEON	1,805	2,402	371,323.09	154.59	.010	205.72	1.53
ASSISTANT SURGEON	34	34	3,450.94	101.50	.000	101.50	.01
ANESTHESIOLOGIST	490	4,433	78,069.72	17.61	.018	159.33	.32
DIALYSIS	48	120	14,036.12	116.97	.000	292.42	.06
PATHOLOGY	1,353	2,509	65,029.99	25.92	.010	48.06	.27
RADIOLOGY	9,439	15,873	492,392.58	31.02	.066	52.17	2.03
PSYCHIATRY	5	7	246.86	35.27	.000	49.37	.00
IMMUNIZATION AND INJECTION	371	2,111	98,101.51	46.47	.009	264.42	.41
OTHER SERVICES/ALL X-OVERS	7,677	22,080	415,103.36	18.80	.091	54.07	1.71
@PHARMACY	80,537	460,175	\$ 21,612,973.75	\$ 46.97	1.901	\$ 268.36	\$ 89.29
PRESCRIPTION DRUGS	79,678	296,001	21,070,951.18	71.19	1.223	264.45	87.05
SNF/ICF	7,162	55,299	3,112,494.30	56.28	.228	434.58	12.86
OUTPATIENTS	72,623	240,702	17,958,456.88	74.61	.994	247.28	74.19
MEDICAL SUPPLIES	4,484	164,174	542,022.57	3.30	.678	120.88	2.24
@DENTIST	9,312	44,310	\$ 1,579,653.34	\$ 35.65	.183	\$ 169.64	\$ 6.53
VISITS - DIAGNOSTIC	6,755	28,374	423,821.17	14.94	.117	62.74	1.75
ORAL SURGERY	1,281	3,081	182,692.74	59.30	.013	142.62	.75
DRUGS	189	212	4,950.00	23.35	.001	26.19	.02
ANESTHESIA	59	60	5,385.00	89.75	.000	91.27	.02
PERIODONTICS	300	319	34,029.00	106.67	.001	113.43	.14
ENDODONTICS	775	1,248	227,368.05	182.19	.005	293.38	.94
RESTORATIVE DENTISTRY	2,996	8,865	486,543.03	54.88	.037	162.40	2.01
PROSTHETICS	37	38	1,103.50	29.04	.000	29.82	.00
DENTURES, STAYPLATES	378	1,118	134,084.14	119.93	.005	354.72	.55
SPACE MAINTAINERS	49	60	6,050.90	100.85	.000	123.49	.02

MAXILLOFACIAL SERVICES	15	45	16,775.84	372.80	.000	1118.39	.07
FRACTURES, DISLOCATIONS	2	3	2,576.22	858.74	.000	1288.11	.01
ORTHODONTIC SERVICES	543	661	50,777.50	76.82	.003	93.51	.21
ALL OTHER SERVICES	185	226	3,496.25	15.47	.001	18.90	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

242,066 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,736	9,750	\$ 211,588.25	\$ 21.70	.040	\$ 56.63	\$.87
DIAGNOSTIC AND ANC. PROCED	2,146	2,254	95,189.14	42.23	.009	44.36	.39
EYE APPLIANCES	2,615	7,204	109,768.82	15.24	.030	41.98	.45
OTHER OPTOMETRIC SERVICES	246	292	6,630.29	22.71	.001	26.95	.03
@CHIROPRACTOR	334	540	\$ 8,862.23	\$ 16.41	.002	\$ 26.53	\$.04
VISITS	323	525	8,669.32	16.51	.002	26.84	.04
OTHER SERVICES	11	15	192.91	12.86	.000	17.54	.00
@PODIATRIST	845	1,454	\$ 15,690.41	\$ 10.79	.006	\$ 18.57	\$.06
MEDICINE/INJECTIONS	103	139	4,031.40	29.00	.001	39.14	.02
SURGERY/ANES.	8	13	778.75	59.90	.000	97.34	.00
RADIO./PATHOLOGY	20	23	423.85	18.43	.000	21.19	.00
OTHER	733	1,279	10,456.41	8.18	.005	14.27	.04
@HOME HEALTH AGENCY	484	15,654	\$ 510,045.15	\$ 32.58	.065	\$ 1053.81	\$ 2.11
NURSE ANESTHESIST	290	3,473	\$ 36,637.03	\$ 10.55	.014	\$ 126.33	\$.15
NURSE MIDWIFE	1,213	7,203	\$ 236,837.67	\$ 32.88	.030	\$ 195.25	\$.98
PEDIATRIC NURSE PRACTITIONER	2	2	\$ 58.30	\$ 29.15	.000	\$ 29.15	\$.00
FAMILY NURSE PRACTITIONER	133	301	\$ 4,964.29	\$ 16.49	.001	\$ 37.33	\$.02
@TOTAL HOSPITAL	34,359	140,730	\$ 18,712,391.01	\$ 132.97	.581	\$ 544.61	\$ 77.30
HOSP INPATIENT TOTAL	2,383	8,656	14,678,175.47	1695.72	.036	6159.54	60.64
HSC HOSPITALS	206	1,634	2,278,615.55	1394.50	.007	11061.24	9.41
NON-HSC HOSPITAL TOTAL	1,666	7,022	11,944,238.95	1700.97	.029	7169.41	49.34
ACCOMMODATIONS	1,661	7,022	3,869,250.58	551.02	.029	2329.47	15.98
ADMINISTRATIVE DAYS	2	4	867.38	216.85	.000	433.69	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,659	7,018	3,868,383.20	551.21	.029	2331.76	15.98
ANCILLARIES	1,666	0	8,074,988.37	.00	.000	4846.93	33.36
INPATIENT CROSSOVERS	529	0	455,320.97	.00	.000	860.72	1.88
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	33,286	132,074	4,034,215.54	30.55	.546	121.20	16.67
MEDICAL	16,520	24,762	1,128,709.09	45.58	.102	68.32	4.66
SURGERY	2,037	2,437	132,541.60	54.39	.010	65.07	.55
PATHOLOGY	10,665	38,280	501,413.64	13.10	.158	47.01	2.07
RADIOLOGY	6,955	9,938	687,958.00	69.22	.041	98.92	2.84
ROOM USE	18,796	25,584	974,856.03	38.10	.106	51.87	4.03
CROSSOVERS/ALL OTH OUTPTNT	11,502	31,073	608,737.18	19.59	.128	52.92	2.51
@COUNTY HOSPITAL TOTAL	40	192	\$ 111,488.99	\$ 580.67	.001	\$ 2787.22	\$.46
CO HOSPITAL INPATIENT TOTAL	8	83	107,880.03	1299.76	.000	13485.00	.45
HSC HOSPITALS	7	83	107,040.03	1289.64	.000	15291.43	.44
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	34	109	3,608.96	33.11	.000	106.15	.01
MEDICAL	11	15	769.91	51.33	.000	69.99	.00
SURGERY	3	3	127.49	42.50	.000	42.50	.00
PATHOLOGY	8	31	247.49	7.98	.000	30.94	.00
RADIOLOGY	8	12	1,055.69	87.97	.000	131.96	.00
ROOM USE	24	28	1,091.90	39.00	.000	45.50	.00
CROSSOVERS/ALL OTH OUTPTNT	11	20	316.48	15.82	.000	28.77	.00

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	242,066 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34,331	140,538	\$	18,600,902.02	\$ 132.35	.581	\$ 541.81	\$ 76.84
COMM HOSP INPATIENT TOTAL	2,375	8,573		14,570,295.44	1699.56	.035	6134.86	60.19
HSC HOSPITALS	199	1,551		2,171,575.52	1400.11	.006	10912.44	8.97
NON-HSC HOSPITALS TOTAL	1,666	7,022		11,944,238.95	1700.97	.029	7169.41	49.34
ACCOMMODATIONS	1,661	7,022		3,869,250.58	551.02	.029	2329.47	15.98
ADMINISTRATIVE DAYS	2	4		867.38	216.85	.000	433.69	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,659	7,018		3,868,383.20	551.21	.029	2331.76	15.98
ANCILLARIES	1,666	0		8,074,988.37	.00	.000	4846.93	33.36
INPATIENT CROSSOVERS	528	0		454,480.97	.00	.000	860.76	1.88
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	33,263	131,965		4,030,606.58	30.54	.545	121.17	16.65
MEDICAL	16,510	24,747		1,127,939.18	45.58	.102	68.32	4.66
SURGERY	2,034	2,434		132,414.11	54.40	.010	65.10	.55
PATHOLOGY	10,658	38,249		501,166.15	13.10	.158	47.02	2.07
RADIOLOGY	6,948	9,926		686,902.31	69.20	.041	98.86	2.84
ROOM USE	18,778	25,556		973,764.13	38.10	.106	51.86	4.02
CROSSOVERS/ALL OTH OUTPTNT	11,495	31,053		608,420.70	19.59	.128	52.93	2.51
@STATE HOSPITAL	0	0	\$	89.10	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		89.10	.00	.000	.00	.00
@NURSING FACILITY	7,457	222,871	\$	23,212,925.56	\$ 104.15	.921	\$ 3112.90	\$ 95.90
LEV A-INTERMEDIATE	4	163		12,729.58	78.10	.001	3182.40	.05
LEV B-REHAB MD	10	366		41,963.12	114.65	.002	4196.31	.17
LEV B-SUBACUTE FREESTANDING	28	877		307,026.36	350.09	.004	10965.23	1.27
LEV B-SUBACUTE HSPTL BASED	21	683		387,422.55	567.24	.003	18448.69	1.60
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	7,395	220,782		22,463,783.95	101.75	.912	3037.70	92.80
@INTERMEDIATE CARE FACIL.-DD	316	9,350	\$	1,546,710.71	\$ 165.42	.039	\$ 4894.65	\$ 6.39
ICF DDH	212	6,272		966,883.25	154.16	.026	4560.77	3.99
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	105	3,078		579,827.46	188.38	.013	5522.17	2.40
@HEMODIALYSIS TOTAL	283	2,632	\$	267,208.04	\$ 101.52	.011	\$ 944.20	\$ 1.10
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	283	2,632		267,208.04	101.52	.011	944.20	1.10
@REHABILITATION FACILITY	356	3,147	\$	70,200.12	\$ 22.31	.013	\$ 197.19	\$.29
HOSPITAL BASED	320	2,305		57,330.22	24.87	.010	179.16	.24
INDEPENDENT FACILITY	36	842		12,869.90	15.28	.003	357.50	.05
@LABORATORY FACILITY	6,112	18,331	\$	314,170.45	\$ 17.14	.076	\$ 51.40	\$ 1.30
PATHOLOGY	6,088	18,283		313,850.47	17.17	.076	51.55	1.30
XO AND OTHERS	26	48		319.98	6.67	.000	12.31	.00
@ORGANIZED OUTPATIENT CLINIC	38,241	65,191	\$	6,878,203.79	\$ 105.51	.269	\$ 179.86	\$ 28.41
CLINIC	2,062	6,611		302,893.19	45.82	.027	146.89	1.25

SURGICENTER	140	780	30,566.88	39.19	.003	218.33	.13
HEROIN DETOX CLINIC	8	152	1,758.48	11.57	.001	219.81	.01
RURAL HEALTH CLINIC	36,443	57,648	6,542,985.24	113.50	.238	179.54	27.03

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BUTTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
242,066 ELIGIBLES						
@ALL OTHER PROVIDERS	17,193	344,890	\$ 2,184,211.93	\$ 6.33	1.425	\$ 127.04 \$ 9.02
DURABLE MED. EQUIP.	751	3,519	204,147.67	58.01	.015	271.83 .84
BLOOD BANK	5	3,969	11,907.00	3.00	.016	2381.40 .05
HEARING AID DISPENSERS	334	633	54,594.85	86.25	.003	163.46 .23
MEDICAL TRANSPORTATION	2,807	69,921	568,468.11	8.13	.289	202.52 2.35
AMBULANCES/AIR TRANS	1,404	16,103	243,756.98	15.14	.067	173.62 1.01
OTHER TRANS	1,388	53,351	221,677.72	4.16	.220	159.71 .92
OTHER SERVICES	161	467	103,033.41	220.63	.002	639.96 .43
ACUPUNCTURE	88	150	2,712.53	18.08	.001	30.82 .01
ADULT DAY HEALTH CARE CTR	148	2,242	156,130.60	69.64	.009	1054.94 .64
GENETIC DISEASE TESTING	248	249	26,145.00	105.00	.001	105.42 .11
IHMC,MODEL-NF,NF,AIDS,MSSP	472	7,983	354,203.73	44.37	.033	750.43 1.46
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00 .00
OPTICIAN	2,850	6,263	60,224.93	9.62	.026	21.13 .25
PHYSICAL THERAPIST	127	1,234	18,278.94	14.81	.005	143.93 .08
PORTABLE X-RAY	43	59	98.77	1.67	.000	2.30 .00
PROSTHETIST/ORTHOTISTS	132	247	23,194.01	93.90	.001	175.71 .10
PROSTHETICS	126	234	21,774.25	93.05	.001	172.81 .09
ORTHOTICS	6	13	1,419.76	109.21	.000	236.63 .01
PSYCHOLOGIST	9	31	1,599.26	51.59	.000	177.70 .01
SPEECH AND AUDIOLOGY	494	1,407	69,343.02	49.28	.006	140.37 .29
HOSPICE SERVICES	109	2,438	269,348.75	110.48	.010	2471.09 1.11
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00 .00
LOCAL EDUCATION AGENCIES	6,197	18,673	171,511.73	9.19	.077	27.68 .71
EPSDT SUPPLEMENTAL SERVICE	5	405	11,785.56	29.10	.002	2357.11 .05
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00 .00
ALL OTHER PROVIDERS	3,168	225,467	180,517.47	.80	.931	56.98 .75
@CALIF. CHILDREN SERVICES*	664	23,094	\$ 2,007,242.40	\$ 86.92	.095	\$ 3022.96 \$ 8.29
@XOVER EXCLUDING STATE HOSP**	10,994	153,889	\$ 2,100,687.36	\$ 13.65	.636	\$ 191.08 \$ 8.68

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,133
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
19,570 ELIGIBLES						
@TOTAL, ALL PROVIDERS	9,945	57,142	\$ 2,718,317.14	\$ 47.57	2.920	\$ 273.34 \$ 138.90
@PHYSICIANS SERVICES	1,876	4,401	\$ 198,986.93	\$ 45.21	.225	\$ 106.07 \$ 10.17
OUTPATIENT VISITS	1,046	1,330	56,758.95	42.68	.068	54.26 2.90
OFFICE VISITS	750	903	31,798.83	35.21	.046	42.40 1.62
HOME VISITS	0	0	.00	.00	.000	.00 .00
EMERGENCY ROOM	216	237	13,319.93	56.20	.012	61.67 .68
PREVENTIVE CARE	1	1	45.33	45.33	.000	45.33 .00
OB VISITS/COMPRE PERI	69	144	10,213.43	70.93	.007	148.02 .52

OTHER OUTPATIENT	38	45	1,381.43	30.70	.002	36.35	.07
INPATIENT VISITS	106	370	20,401.80	55.14	.019	192.47	1.04
HOSPITAL VISITS	104	325	14,098.41	43.38	.017	135.56	.72
CRITICAL CARE	7	45	6,303.39	140.08	.002	900.48	.32
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	49	53	2,368.31	44.69	.003	48.33	.12
EXAMINATIONS	49	53	2,368.31	44.69	.003	48.33	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	73	418	41,256.42	98.70	.021	565.16	2.11
PRINCIPAL SURGEON	54	72	34,122.91	473.93	.004	631.91	1.74
ASSISTANT SURGEON	8	8	1,303.08	162.89	.000	162.89	.07
ANESTHESIOLOGIST	23	338	5,830.43	17.25	.017	253.50	.30
OUTPATIENT SURGERY	134	491	25,209.92	51.34	.025	188.13	1.29
PRINCIPAL SURGEON	105	131	19,241.49	146.88	.007	183.25	.98
ASSISTANT SURGEON	2	2	115.79	57.90	.000	57.90	.01
ANESTHESIOLOGIST	40	358	5,852.64	16.35	.018	146.32	.30
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	95	153	2,353.75	15.38	.008	24.78	.12
RADIOLOGY	654	990	29,928.84	30.23	.051	45.76	1.53
PSYCHIATRY	2	2	146.58	73.29	.000	73.29	.01
IMMUNIZATION AND INJECTION	24	42	1,071.64	25.52	.002	44.65	.05
OTHER SERVICES/ALL X-OVERS	224	552	19,490.72	35.31	.028	87.01	1.00
@PHARMACY	4,520	13,452	\$ 637,800.75	\$ 47.41	.687	\$ 141.11	\$ 32.59
PRESCRIPTION DRUGS	4,482	10,269	619,423.05	60.32	.525	138.20	31.65
SNF/ICF	3	60	2,830.39	47.17	.003	943.46	.14
OUTPATIENTS	4,479	10,209	616,592.66	60.40	.522	137.66	31.51
MEDICAL SUPPLIES	106	3,183	18,377.70	5.77	.163	173.37	.94
@DENTIST	709	4,120	\$ 126,845.78	\$ 30.79	.211	\$ 178.91	\$ 6.48
VISITS - DIAGNOSTIC	550	2,833	43,106.85	15.22	.145	78.38	2.20
ORAL SURGERY	90	233	20,100.85	86.27	.012	223.34	1.03
DRUGS	6	9	175.00	19.44	.000	29.17	.01
ANESTHESIA	6	6	395.00	65.83	.000	65.83	.02
PERIODONTICS	5	5	464.00	92.80	.000	92.80	.02
ENDODONTICS	42	72	12,924.00	179.50	.004	307.71	.66
RESTORATIVE DENTISTRY	246	844	40,560.43	48.06	.043	164.88	2.07
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	1	5	242.00	48.40	.000	242.00	.01
SPACE MAINTAINERS	4	4	345.00	86.25	.000	86.25	.02
MAXILLOFACIAL SERVICES	3	3	210.15	70.05	.000	70.05	.01
FRACTURES, DISLOCATIONS	2	4	3,272.50	818.13	.000	1636.25	.17
ORTHODONTIC SERVICES	62	73	4,645.00	63.63	.004	74.92	.24
ALL OTHER SERVICES	18	28	375.00	13.39	.001	20.83	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 1,134
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W						

						----- MONTHLY AVERAGE -----			
19,570 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	221	601	\$ 13,170.13	\$ 21.91	.031	\$ 59.59	\$.67		
DIAGNOSTIC AND ANC. PROCED	162	177	7,112.28	40.18	.009	43.90	.36		
EYE APPLIANCES	159	421	6,011.03	14.28	.022	37.81	.31		
OTHER OPTOMETRIC SERVICES	3	3	46.82	15.61	.000	15.61	.00		
@CHIROPRACTOR	21	35	\$ 585.20	\$ 16.72	.002	\$ 27.87	\$.03		
VISITS	21	35	585.20	16.72	.002	27.87	.03		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	8	13	\$ 412.24	\$ 31.71	.001	\$ 51.53	\$.02		

MEDICINE/INJECTIONS	7	8		268.62	33.58	.000	38.37	.01
SURGERY/ANES.	1	2		47.02	23.51	.000	47.02	.00
RADIO./PATHOLOGY	1	1		24.22	24.22	.000	24.22	.00
OTHER	1	2		72.38	36.19	.000	72.38	.00
@HOME HEALTH AGENCY	48	3,992	\$	117,179.28	\$ 29.35	.204	\$ 2441.24	\$ 5.99
NURSE ANESTHESIST	14	212	\$	1,828.21	\$ 8.62	.011	\$ 130.59	\$.09
NURSE MIDWIFE	172	1,191	\$	28,122.18	\$ 23.61	.061	\$ 163.50	\$ 1.44
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	57.20	\$ 57.20	.000	\$ 57.20	\$.00
@TOTAL HOSPITAL	2,722	10,221	\$	911,763.49	\$ 89.20	.522	\$ 334.96	\$ 46.59
HOSP INPATIENT TOTAL	107	379		607,931.64	1604.04	.019	5681.60	31.06
HSC HOSPITALS	9	67		90,126.04	1345.16	.003	10014.00	4.61
NON-HSC HOSPITAL TOTAL	98	312		517,805.60	1659.63	.016	5283.73	26.46
ACCOMMODATIONS	98	312		153,397.62	491.66	.016	1565.28	7.84
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	98	312		153,397.62	491.66	.016	1565.28	7.84
ANCILLARIES	98	0		364,407.98	.00	.000	3718.45	18.62
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,667	9,842		303,831.85	30.87	.503	113.92	15.53
MEDICAL	1,425	2,070		94,601.81	45.70	.106	66.39	4.83
SURGERY	155	184		9,732.18	52.89	.009	62.79	.50
PATHOLOGY	903	2,961		39,371.42	13.30	.151	43.60	2.01
RADIOLOGY	531	738		43,138.07	58.45	.038	81.24	2.20
ROOM USE	1,902	2,497		92,063.88	36.87	.128	48.40	4.70
CROSSOVERS/ALL OTH OUTPTNT	661	1,392		24,924.49	17.91	.071	37.71	1.27
@COUNTY HOSPITAL TOTAL	2	3	\$	157.07	\$ 52.36	.000	\$ 78.54	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	3	157.07	52.36	.000	78.54	.01
MEDICAL	2	2	120.83	60.42	.000	60.42	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	36.24	36.24	.000	36.24	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,135
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

19,570 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,720	10,218	\$ 911,606.42	\$ 89.22	.522	\$ 335.15	\$ 46.58
COMM HOSP INPATIENT TOTAL	107	379	607,931.64	1604.04	.019	5681.60	31.06
HSC HOSPITALS	9	67	90,126.04	1345.16	.003	10014.00	4.61
NON-HSC HOSPITALS TOTAL	98	312	517,805.60	1659.63	.016	5283.73	26.46
ACCOMMODATIONS	98	312	153,397.62	491.66	.016	1565.28	7.84
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	98	312	153,397.62	491.66	.016	1565.28	7.84
ANCILLARIES	98	0	364,407.98	.00	.000	3718.45	18.62
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,665	9,839	303,674.78	30.86	.503	113.95	15.52
MEDICAL	1,423	2,068	94,480.98	45.69	.106	66.40	4.83
SURGERY	155	184	9,732.18	52.89	.009	62.79	.50
PATHOLOGY	903	2,961	39,371.42	13.30	.151	43.60	2.01
RADIOLOGY	531	738	43,138.07	58.45	.038	81.24	2.20
ROOM USE	1,901	2,496	92,027.64	36.87	.128	48.41	4.70
CROSSOVERS/ALL OTH OUTPTNT	661	1,392	24,924.49	17.91	.071	37.71	1.27
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	4	133	\$ 15,906.80	\$ 119.60	.007	\$ 3976.70	\$.81
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	4	133	15,906.80	119.60	.007	3976.70	.81
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	22	555	\$ 9,071.53	\$ 16.35	.028	\$ 412.34	\$.46
HOSPITAL BASED	6	39	850.40	21.81	.002	141.73	.04

INDEPENDENT FACILITY	16	516		8,221.13	15.93	.026	513.82	.42
@LABORATORY FACILITY	491	1,339	\$	24,708.96	\$ 18.45	.068	\$ 50.32	\$ 1.26
PATHOLOGY	491	1,339		24,708.96	18.45	.068	50.32	1.26
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3,123	5,332	\$	533,161.29	\$ 99.99	.272	\$ 170.72	\$ 27.24
CLINIC	222	1,010		32,351.56	32.03	.052	145.73	1.65
SURGICENTER	7	34		1,260.71	37.08	.002	180.10	.06
HEROIN DETOX CLINIC	1	8		120.21	15.03	.000	120.21	.01
RURAL HEALTH CLINIC	2,925	4,280		499,428.81	116.69	.219	170.74	25.52

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,136
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

		----- MONTHLY AVERAGE -----						
19,570 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	726	11,544	\$ 98,717.17	\$ 8.55	.590	\$ 135.97	\$ 5.04	
DURABLE MED. EQUIP.	39	79	16,457.14	208.32	.004	421.98	.84	
BLOOD BANK	1	616	1,848.00	3.00	.031	1848.00	.09	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	134	1,601	31,135.96	19.45	.082	232.36	1.59	
AMBULANCES/AIR TRANS	133	1,592	22,106.24	13.89	.081	166.21	1.13	
OTHER TRANS	1	3	19.84	6.61	.000	19.84	.00	
OTHER SERVICES	6	6	9,009.88	1501.65	.000	1501.65	.46	
ACUPUNCTURE	2	4	75.69	18.92	.000	37.85	.00	
ADULT DAY HEALTH CARE CTR	1	13	904.54	69.58	.001	904.54	.05	
GENETIC DISEASE TESTING	33	33	3,441.00	104.27	.002	104.27	.18	
IHMC,MODEL-NF,NF,AIDS,MSSP	11	286	9,674.81	33.83	.015	879.53	.49	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	153	340	2,894.97	8.51	.017	18.92	.15	
PHYSICAL THERAPIST	8	134	1,877.83	14.01	.007	234.73	.10	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	7	13	3,708.82	285.29	.001	529.83	.19	
PROSTHETICS	7	13	3,708.82	285.29	.001	529.83	.19	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	1	4	237.46	59.37	.000	237.46	.01	
SPEECH AND AUDIOLOGY	155	442	17,367.29	39.29	.023	112.05	.89	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	169	863	7,414.71	8.59	.044	43.87	.38	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	22	7,116	1,678.95	.24	.364	76.32	.09	
@CALIF. CHILDREN SERVICES*	127	3,757	\$ 199,328.07	\$ 53.06	.192	\$ 1569.51	\$ 10.19	
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,137
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

		----- MONTHLY AVERAGE -----						
154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	306	1,831	\$ 281,300.53	\$ 153.63	11.890	\$ 919.28	\$ 1826.63	
@PHYSICIANS SERVICES	126	445	\$ 28,249.28	\$ 63.48	2.890	\$ 224.20	\$ 183.44	

OUTPATIENT VISITS	34	41	2,406.92	58.71	.266	70.79	15.63
OFFICE VISITS	18	21	844.00	40.19	.136	46.89	5.48
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	17	1,078.69	63.45	.110	77.05	7.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	3	484.23	161.41	.019	161.41	3.14
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	21	66	6,510.19	98.64	.429	310.01	42.27
HOSPITAL VISITS	19	41	1,960.25	47.81	.266	103.17	12.73
CRITICAL CARE	4	25	4,549.94	182.00	.162	1137.49	29.55
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	47.88	47.88	.006	47.88	.31
EXAMINATIONS	1	1	47.88	47.88	.006	47.88	.31
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	27	113	10,997.40	97.32	.734	407.31	71.41
PRINCIPAL SURGEON	19	25	8,632.29	345.29	.162	454.33	56.05
ASSISTANT SURGEON	2	2	509.03	254.52	.013	254.52	3.31
ANESTHESIOLOGIST	7	86	1,856.08	21.58	.558	265.15	12.05
OUTPATIENT SURGERY	13	49	2,161.65	44.12	.318	166.28	14.04
PRINCIPAL SURGEON	8	9	1,373.76	152.64	.058	171.72	8.92
ASSISTANT SURGEON	1	1	93.08	93.08	.006	93.08	.60
ANESTHESIOLOGIST	4	39	694.81	17.82	.253	173.70	4.51
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	6	71.31	11.89	.039	14.26	.46
RADIOLOGY	61	151	4,811.09	31.86	.981	78.87	31.24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	11.30	5.65	.013	11.30	.07
OTHER SERVICES/ALL X-OVERS	12	16	1,231.54	76.97	.104	102.63	8.00
@PHARMACY	41	94	6,759.71	71.91	.610	164.87	43.89
PRESCRIPTION DRUGS	41	93	6,687.14	71.90	.604	163.10	43.42
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	41	93	6,687.14	71.90	.604	163.10	43.42
MEDICAL SUPPLIES	1	1	72.57	72.57	.006	72.57	.47
@DENTIST	23	173	4,955.00	28.64	1.123	215.43	32.18
VISITS - DIAGNOSTIC	18	97	1,104.00	11.38	.630	61.33	7.17
ORAL SURGERY	6	20	926.00	46.30	.130	154.33	6.01
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	.00	.00	.006	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	2	613.00	306.50	.013	613.00	3.98
RESTORATIVE DENTISTRY	10	48	2,312.00	48.17	.312	231.20	15.01
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1	.00	.00	.006	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2	.00	.00	.013	.00	.00
ALL OTHER SERVICES	1	2	.00	.00	.013	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	11	281.92	\$ 25.63	.071	\$ 70.48	\$ 1.83
DIAGNOSTIC AND ANC. PROCED	4	5	205.07	41.01	.032	51.27	1.33

EYE APPLIANCES	1	6	76.85	12.81	.039	76.85	.50
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 149.72	\$ 74.86	.013	\$ 149.72	\$.97
NURSE ANESTHESIST	1	11	\$ 102.71	\$ 9.34	.071	\$ 102.71	\$.67
NURSE MIDWIFE	3	5	\$ 1,278.71	\$ 255.74	.032	\$ 426.24	\$ 8.30
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	130	620	\$ 223,478.00	\$ 360.45	4.026	\$ 1719.06	\$ 1451.16
HOSP INPATIENT TOTAL	24	71	206,380.38	2906.77	.461	8599.18	1340.13
HSC HOSPITALS	3	20	30,458.37	1522.92	.130	10152.79	197.78
NON-HSC HOSPITAL TOTAL	21	51	175,922.01	3449.45	.331	8377.24	1142.35
ACCOMMODATIONS	21	51	37,514.49	735.58	.331	1786.40	243.60
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	51	37,514.49	735.58	.331	1786.40	243.60
ANCILLARIES	21	0	138,407.52	.00	.000	6590.83	898.75
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	118	549	17,097.62	31.14	3.565	144.90	111.02
MEDICAL	73	108	5,891.01	54.55	.701	80.70	38.25
SURGERY	13	14	1,114.05	79.58	.091	85.70	7.23
PATHOLOGY	48	187	2,266.55	12.12	1.214	47.22	14.72
RADIOLOGY	42	59	3,285.13	55.68	.383	78.22	21.33
ROOM USE	75	99	3,207.95	32.40	.643	42.77	20.83
CROSSOVERS/ALL OTH OUTPTNT	46	82	1,332.93	16.26	.532	28.98	8.66
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
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154 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

----- MONTHLY AVERAGE -----

UNITS/DAYS COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	130	620	\$	223,478.00	\$ 360.45	4.026	\$ 1719.06	\$ 1451.16
COMM HOSP INPATIENT TOTAL	24	71		206,380.38	2906.77	.461	8599.18	1340.13
HSC HOSPITALS	3	20		30,458.37	1522.92	.130	10152.79	197.78
NON-HSC HOSPITALS TOTAL	21	51		175,922.01	3449.45	.331	8377.24	1142.35
ACCOMMODATIONS	21	51		37,514.49	735.58	.331	1786.40	243.60
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	51		37,514.49	735.58	.331	1786.40	243.60
ANCILLARIES	21	0		138,407.52	.00	.000	6590.83	898.75
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	118	549		17,097.62	31.14	3.565	144.90	111.02
MEDICAL	73	108		5,891.01	54.55	.701	80.70	38.25
SURGERY	13	14		1,114.05	79.58	.091	85.70	7.23
PATHOLOGY	48	187		2,266.55	12.12	1.214	47.22	14.72
RADIOLOGY	42	59		3,285.13	55.68	.383	78.22	21.33
ROOM USE	75	99		3,207.95	32.40	.643	42.77	20.83
CROSSOVERS/ALL OTH OUTPTNT	46	82		1,332.93	16.26	.532	28.98	8.66
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	14	48	\$	788.89	\$	16.44	.312	\$ 56.35	\$ 5.12
PATHOLOGY	14	48		788.89		16.44	.312	56.35	5.12
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	37	78	\$	4,744.12	\$	60.82	.506	\$ 128.22	\$ 30.81
CLINIC	7	44		1,039.12		23.62	.286	148.45	6.75
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	30	34		3,705.00		108.97	.221	123.50	24.06

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

	154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	22	344	\$	10,512.47	\$ 30.56	2.234	\$ 477.84	\$ 68.26
DURABLE MED. EQUIP.	1	3		109.59	36.53	.019	109.59	.71
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	308		10,011.99	32.51	2.000	715.14	65.01
AMBULANCES/AIR TRANS	14	305		4,611.99	15.12	1.981	329.43	29.95
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	3	3		5,400.00	1800.00	.019	1800.00	35.06
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2	4		33.28	8.32	.026	16.64	.22
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	15		183.61	12.24	.097	45.90	1.19
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	14		174.00	12.43	.091	174.00	1.13
@CALIF. CHILDREN SERVICES*	16	1,537	\$	47,765.53	\$ 31.08	9.981	\$ 2985.35	\$ 310.17
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,141
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

19,724 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	10,251	58,973	\$ 2,999,617.67	\$ 50.86	2.990	\$ 292.62	\$ 152.08
@PHYSICIANS SERVICES	2,002	4,846	\$ 227,236.21	\$ 46.89	.246	\$ 113.50	\$ 11.52
OUTPATIENT VISITS	1,080	1,371	59,165.87	43.16	.070	54.78	3.00
OFFICE VISITS	768	924	32,642.83	35.33	.047	42.50	1.65
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	230	254	14,398.62	56.69	.013	62.60	.73
PREVENTIVE CARE	1	1	45.33	45.33	.000	45.33	.00
OB VISITS/COMPRE PERI	72	147	10,697.66	72.77	.007	148.58	.54
OTHER OUTPATIENT	38	45	1,381.43	30.70	.002	36.35	.07
INPATIENT VISITS	127	436	26,911.99	61.72	.022	211.91	1.36
HOSPITAL VISITS	123	366	16,058.66	43.88	.019	130.56	.81
CRITICAL CARE	11	70	10,853.33	155.05	.004	986.67	.55
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	50	54	2,416.19	44.74	.003	48.32	.12
EXAMINATIONS	50	54	2,416.19	44.74	.003	48.32	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	100	531	52,253.82	98.41	.027	522.54	2.65
PRINCIPAL SURGEON	73	97	42,755.20	440.78	.005	585.69	2.17
ASSISTANT SURGEON	10	10	1,812.11	181.21	.001	181.21	.09
ANESTHESIOLOGIST	30	424	7,686.51	18.13	.021	256.22	.39
OUTPATIENT SURGERY	147	540	27,371.57	50.69	.027	186.20	1.39
PRINCIPAL SURGEON	113	140	20,615.25	147.25	.007	182.44	1.05
ASSISTANT SURGEON	3	3	208.87	69.62	.000	69.62	.01
ANESTHESIOLOGIST	44	397	6,547.45	16.49	.020	148.81	.33
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	100	159	2,425.06	15.25	.008	24.25	.12
RADIOLOGY	715	1,141	34,739.93	30.45	.058	48.59	1.76
PSYCHIATRY	2	2	146.58	73.29	.000	73.29	.01
IMMUNIZATION AND INJECTION	25	44	1,082.94	24.61	.002	43.32	.05
OTHER SERVICES/ALL X-OVERS	236	568	20,722.26	36.48	.029	87.81	1.05
@PHARMACY	4,561	13,546	\$ 644,560.46	\$ 47.58	.687	\$ 141.32	\$ 32.68
PRESCRIPTION DRUGS	4,523	10,362	626,110.19	60.42	.525	138.43	31.74
SNF/ICF	3	60	2,830.39	47.17	.003	943.46	.14
OUTPATIENTS	4,520	10,302	623,279.80	60.50	.522	137.89	31.60
MEDICAL SUPPLIES	107	3,184	18,450.27	5.79	.161	172.43	.94
@DENTIST	732	4,293	\$ 131,800.78	\$ 30.70	.218	\$ 180.06	\$ 6.68
VISITS - DIAGNOSTIC	568	2,930	44,210.85	15.09	.149	77.84	2.24
ORAL SURGERY	96	253	21,026.85	83.11	.013	219.03	1.07
DRUGS	6	9	175.00	19.44	.000	29.17	.01
ANESTHESIA	7	7	395.00	56.43	.000	56.43	.02
PERIODONTICS	5	5	464.00	92.80	.000	92.80	.02
ENDODONTICS	43	74	13,537.00	182.93	.004	314.81	.69
RESTORATIVE DENTISTRY	256	892	42,872.43	48.06	.045	167.47	2.17
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	1	5	242.00	48.40	.000	242.00	.01
SPACE MAINTAINERS	5	5	345.00	69.00	.000	69.00	.02
MAXILLOFACIAL SERVICES	3	3	210.15	70.05	.000	70.05	.01
FRACTURES, DISLOCATIONS	2	4	3,272.50	818.13	.000	1636.25	.17
ORTHODONTIC SERVICES	63	75	4,645.00	61.93	.004	73.73	.24
ALL OTHER SERVICES	19	30	375.00	12.50	.002	19.74	.02

BUTTE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

19,724 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	225	612	\$ 13,452.05	\$ 21.98	.031	\$	59.79	\$.68
DIAGNOSTIC AND ANC. PROCED	166	182	7,317.35	40.21	.009		44.08	.37
EYE APPLIANCES	160	427	6,087.88	14.26	.022		38.05	.31
OTHER OPTOMETRIC SERVICES	3	3	46.82	15.61	.000		15.61	.00
@CHIROPRACTOR	21	35	\$ 585.20	\$ 16.72	.002	\$	27.87	\$.03
VISITS	21	35	585.20	16.72	.002		27.87	.03
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	8	13	\$ 412.24	\$ 31.71	.001	\$	51.53	\$.02
MEDICINE/INJECTIONS	7	8	268.62	33.58	.000		38.37	.01
SURGERY/ANES.	1	2	47.02	23.51	.000		47.02	.00
RADIO./PATHOLOGY	1	1	24.22	24.22	.000		24.22	.00
OTHER	1	2	72.38	36.19	.000		72.38	.00
@HOME HEALTH AGENCY	49	3,994	\$ 117,329.00	\$ 29.38	.202	\$	2394.47	\$ 5.95
NURSE ANESTHESIST	15	223	\$ 1,930.92	\$ 8.66	.011	\$	128.73	\$.10
NURSE MIDWIFE	175	1,196	\$ 29,400.89	\$ 24.58	.061	\$	168.01	\$ 1.49
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 57.20	\$ 57.20	.000	\$	57.20	\$.00
@TOTAL HOSPITAL	2,852	10,841	\$ 1,135,241.49	\$ 104.72	.550	\$	398.05	\$ 57.56
HOSP INPATIENT TOTAL	131	450	814,312.02	1809.58	.023		6216.12	41.29
HSC HOSPITALS	12	87	120,584.41	1386.03	.004		10048.70	6.11
NON-HSC HOSPITAL TOTAL	119	363	693,727.61	1911.10	.018		5829.64	35.17
ACCOMMODATIONS	119	363	190,912.11	525.93	.018		1604.30	9.68
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	119	363	190,912.11	525.93	.018		1604.30	9.68
ANCILLARIES	119	0	502,815.50	.00	.000		4225.34	25.49
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	2,785	10,391	320,929.47	30.89	.527		115.23	16.27
MEDICAL	1,498	2,178	100,492.82	46.14	.110		67.08	5.09
SURGERY	168	198	10,846.23	54.78	.010		64.56	.55
PATHOLOGY	951	3,148	41,637.97	13.23	.160		43.78	2.11
RADIOLOGY	573	797	46,423.20	58.25	.040		81.02	2.35
ROOM USE	1,977	2,596	95,271.83	36.70	.132		48.19	4.83
CROSSOVERS/ALL OTH OUTPTNT	707	1,474	26,257.42	17.81	.075		37.14	1.33
@COUNTY HOSPITAL TOTAL	2	3	\$ 157.07	\$ 52.36	.000	\$	78.54	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	2	3	157.07	52.36	.000		78.54	.01
MEDICAL	2	2	120.83	60.42	.000		60.42	.01
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	1	1	36.24	36.24	.000		36.24	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
19,724 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	2,850	10,838	\$ 1,135,084.42	\$ 104.73	.549	\$ 398.28	\$ 57.55
COMM HOSP INPATIENT TOTAL	131	450	814,312.02	1809.58	.023	6216.12	41.29
HSC HOSPITALS	12	87	120,584.41	1386.03	.004	10048.70	6.11
NON-HSC HOSPITALS TOTAL	119	363	693,727.61	1911.10	.018	5829.64	35.17
ACCOMMODATIONS	119	363	190,912.11	525.93	.018	1604.30	9.68
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	119	363	190,912.11	525.93	.018	1604.30	9.68
ANCILLARIES	119	0	502,815.50	.00	.000	4225.34	25.49
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,783	10,388	320,772.40	30.88	.527	115.26	16.26
MEDICAL	1,496	2,176	100,371.99	46.13	.110	67.09	5.09
SURGERY	168	198	10,846.23	54.78	.010	64.56	.55
PATHOLOGY	951	3,148	41,637.97	13.23	.160	43.78	2.11
RADIOLOGY	573	797	46,423.20	58.25	.040	81.02	2.35
ROOM USE	1,976	2,595	95,235.59	36.70	.132	48.20	4.83
CROSSOVERS/ALL OTH OUTPTNT	707	1,474	26,257.42	17.81	.075	37.14	1.33
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	4	133	\$ 15,906.80	\$ 119.60	.007	\$ 3976.70	\$.81
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	4	133	15,906.80	119.60	.007	3976.70	.81
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	22	555	\$ 9,071.53	\$ 16.35	.028	\$ 412.34	\$.46
HOSPITAL BASED	6	39	850.40	21.81	.002	141.73	.04
INDEPENDENT FACILITY	16	516	8,221.13	15.93	.026	513.82	.42
@LABORATORY FACILITY	505	1,387	\$ 25,497.85	\$ 18.38	.070	\$ 50.49	\$ 1.29
PATHOLOGY	505	1,387	25,497.85	18.38	.070	50.49	1.29
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3,160	5,410	\$ 537,905.41	\$ 99.43	.274	\$ 170.22	\$ 27.27
CLINIC	229	1,054	33,390.68	31.68	.053	145.81	1.69
SURGICENTER	7	34	1,260.71	37.08	.002	180.10	.06
HEROIN DETOX CLINIC	1	8	120.21	15.03	.000	120.21	.01
RURAL HEALTH CLINIC	2,955	4,314	503,133.81	116.63	.219	170.27	25.51
#CALIF DEPT OF HEALTH SERV							
MOP024	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 1,144
BUTTE COUNTY	FEE-FOR-SERVICE/DENTAL						03/14/05
	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						

19,724 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	748	11,888	\$ 109,229.64	\$ 9.19	.603	\$ 146.03	\$ 5.54
DURABLE MED. EQUIP.	40	82	16,566.73	202.03	.004	414.17	.84
BLOOD BANK	1	616	1,848.00	3.00	.031	1848.00	.09
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	148	1,909	41,147.95	21.55	.097	278.03	2.09
AMBULANCES/AIR TRANS	147	1,897	26,718.23	14.08	.096	181.76	1.35
OTHER TRANS	1	3	19.84	6.61	.000	19.84	.00
OTHER SERVICES	9	9	14,409.88	1601.10	.000	1601.10	.73
ACUPUNCTURE	2	4	75.69	18.92	.000	37.85	.00
ADULT DAY HEALTH CARE CTR	1	13	904.54	69.58	.001	904.54	.05
GENETIC DISEASE TESTING	33	33	3,441.00	104.27	.002	104.27	.17
IHMC,MODEL-NF,NF,AIDS,MSSP	11	286	9,674.81	33.83	.015	879.53	.49
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	155	344	2,928.25	8.51	.017	18.89	.15
PHYSICAL THERAPIST	8	134	1,877.83	14.01	.007	234.73	.10
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	13	3,708.82	285.29	.001	529.83	.19
PROSTHETICS	7	13	3,708.82	285.29	.001	529.83	.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4	237.46	59.37	.000	237.46	.01
SPEECH AND AUDIOLOGY	155	442	17,367.29	39.29	.022	112.05	.88
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	173	878	7,598.32	8.65	.045	43.92	.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23	7,130	1,852.95	.26	.361	80.56	.09
@CALIF. CHILDREN SERVICES*	143	5,294	\$ 247,093.60	\$ 46.67	.268	\$ 1727.93	\$ 12.53

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,145
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,146
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,147
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,148
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,149
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

440 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	720	4,668	\$ 357,493.79	\$ 76.58	10.609	\$ 496.52	\$ 812.49
@PHYSICIANS SERVICES	249	686	\$ 50,840.03	\$ 74.11	1.559	\$ 204.18	\$ 115.55
OUTPATIENT VISITS	104	146	12,417.46	85.05	.332	119.40	28.22
OFFICE VISITS	34	37	2,200.01	59.46	.084	64.71	5.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	13	15	860.83	57.39	.034	66.22	1.96
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	68	92	9,322.94	101.34	.209	137.10	21.19

OTHER OUTPATIENT	2	2	33.68	16.84	.005	16.84	.08
INPATIENT VISITS	30	81	4,346.03	53.65	.184	144.87	9.88
HOSPITAL VISITS	29	71	3,104.12	43.72	.161	107.04	7.05
CRITICAL CARE	2	10	1,241.91	124.19	.023	620.96	2.82
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	115.58	57.79	.005	57.79	.26
EXAMINATIONS	2	2	115.58	57.79	.005	57.79	.26
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	32	209	23,049.73	110.29	.475	720.30	52.39
PRINCIPAL SURGEON	23	24	20,110.61	837.94	.055	874.37	45.71
ASSISTANT SURGEON	3	3	466.08	155.36	.007	155.36	1.06
ANESTHESIOLOGIST	14	182	2,473.04	13.59	.414	176.65	5.62
OUTPATIENT SURGERY	21	39	2,141.98	54.92	.089	102.00	4.87
PRINCIPAL SURGEON	20	25	1,903.34	76.13	.057	95.17	4.33
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	14	238.64	17.05	.032	79.55	.54
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	24	35	1,069.20	30.55	.080	44.55	2.43
RADIOLOGY	95	126	6,074.70	48.21	.286	63.94	13.81
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	8	111.91	13.99	.018	22.38	.25
OTHER SERVICES/ALL X-OVERS	20	40	1,513.44	37.84	.091	75.67	3.44
@PHARMACY	218	471	\$ 14,699.99	\$ 31.21	1.070	\$ 67.43	\$ 33.41
PRESCRIPTION DRUGS	206	433	12,267.05	28.33	.984	59.55	27.88
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	206	433	12,267.05	28.33	.984	59.55	27.88
MEDICAL SUPPLIES	22	38	2,432.94	64.02	.086	110.59	5.53
@DENTIST	11	67	\$ 1,528.00	\$ 22.81	.152	\$ 138.91	\$ 3.47
VISITS - DIAGNOSTIC	11	52	531.00	10.21	.118	48.27	1.21
ORAL SURGERY	2	2	130.00	65.00	.005	65.00	.30
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	258.00	258.00	.002	258.00	.59
RESTORATIVE DENTISTRY	5	12	609.00	50.75	.027	121.80	1.38
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,150
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

440 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	12	\$ 257.13	\$ 21.43	.027	\$ 85.71	\$.58
DIAGNOSTIC AND ANC. PROCED	3	3	118.32	39.44	.007	39.44	.27
EYE APPLIANCES	3	9	138.81	15.42	.020	46.27	.32
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	9	12	\$ 629.94	\$ 52.50	.027	\$ 69.99	\$ 1.43
NURSE ANESTHESIST	1	12	138.49	11.54	.027	138.49	.31
NURSE MIDWIFE	129	1,055	\$ 17,092.11	\$ 16.20	2.398	\$ 132.50	\$ 38.85
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	287	1,216	\$ 227,510.13	\$ 187.10	2.764	\$ 792.72	\$ 517.07
HOSP INPATIENT TOTAL	45	174	197,710.78	1136.27	.395	4393.57	449.34
HSC HOSPITALS	5	34	59,360.00	1745.88	.077	11872.00	134.91
NON-HSC HOSPITAL TOTAL	40	140	138,350.78	988.22	.318	3458.77	314.43
ACCOMMODATIONS	40	140	51,994.17	371.39	.318	1299.85	118.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	40	140	51,994.17	371.39	.318	1299.85	118.17
ANCILLARIES	40	0	86,356.61	.00	.000	2158.92	196.27
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	267	1,042	29,799.35	28.60	2.368	111.61	67.73
MEDICAL	48	73	4,010.60	54.94	.166	83.55	9.12
SURGERY	23	30	1,558.40	51.95	.068	67.76	3.54
PATHOLOGY	165	548	9,507.85	17.35	1.245	57.62	21.61
RADIOLOGY	66	75	5,509.20	73.46	.170	83.47	12.52
ROOM USE	109	161	6,570.58	40.81	.366	60.28	14.93
CROSSOVERS/ALL OTH OUTPTNT	62	155	2,642.72	17.05	.352	42.62	6.01
@COUNTY HOSPITAL TOTAL	1	17	\$ 904.19	\$ 53.19	.039	\$ 904.19	\$ 2.05
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	17	904.19	53.19	.039	904.19	2.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	3	69.04	23.01	.007	69.04	.16
PATHOLOGY	1	7	142.46	20.35	.016	142.46	.32
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	4	263.13	65.78	.009	263.13	.60
CROSSOVERS/ALL OTH OUTPTNT	1	3	429.56	143.19	.007	429.56	.98

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,151
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

440 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	286	1,199	\$ 226,605.94	\$ 189.00	2.725	\$ 792.33	\$ 515.01
COMM HOSP INPATIENT TOTAL	45	174	197,710.78	1136.27	.395	4393.57	449.34
HSC HOSPITALS	5	34	59,360.00	1745.88	.077	11872.00	134.91
NON-HSC HOSPITALS TOTAL	40	140	138,350.78	988.22	.318	3458.77	314.43
ACCOMMODATIONS	40	140	51,994.17	371.39	.318	1299.85	118.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	40	140	51,994.17	371.39	.318	1299.85	118.17
ANCILLARIES	40	0	86,356.61	.00	.000	2158.92	196.27
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	266	1,025	28,895.16	28.19	2.330	108.63	65.67
MEDICAL	48	73	4,010.60	54.94	.166	83.55	9.12
SURGERY	22	27	1,489.36	55.16	.061	67.70	3.38
PATHOLOGY	164	541	9,365.39	17.31	1.230	57.11	21.28
RADIOLOGY	66	75	5,509.20	73.46	.170	83.47	12.52
ROOM USE	108	157	6,307.45	40.17	.357	58.40	14.34
CROSSOVERS/ALL OTH OUTPTNT	61	152	2,213.16	14.56	.345	36.28	5.03
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	16	\$ 331.07	\$ 20.69	.036	\$ 165.54	\$.75
HOSPITAL BASED	2	16	331.07	20.69	.036	165.54	.75

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	128	281	\$ 6,139.43	\$ 21.85	.639	\$ 47.96	\$ 13.95
PATHOLOGY	128	281	6,139.43	21.85	.639	47.96	13.95
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	161	445	\$ 30,841.77	\$ 69.31	1.011	\$ 191.56	\$ 70.09
CLINIC	63	303	12,859.46	42.44	.689	204.12	29.23
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	99	142	17,982.31	126.64	.323	181.64	40.87

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,152
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

440 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	40	395	\$ 7,485.70	\$ 18.95	.898	\$ 187.14	\$ 17.01
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	352	4,936.71	14.02	.800	493.67	11.22
AMBULANCES/AIR TRANS	10	351	3,136.71	8.94	.798	313.67	7.13
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.002	1800.00	4.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	22	22	2,310.00	105.00	.050	105.00	5.25
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	109.28	9.11	.027	18.21	.25
PHYSICAL THERAPIST	1	8	121.70	15.21	.018	121.70	.28
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.002	8.01	.02
@CALIF. CHILDREN SERVICES*	3	202	\$ 28,565.71	\$ 141.41	.459	\$ 9521.90	\$ 64.92
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,153
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL	

440 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	720	4,668	\$ 357,493.79	\$ 76.58	10.609	\$ 496.52	\$ 812.49
@PHYSICIANS SERVICES	249	686	\$ 50,840.03	\$ 74.11	1.559	\$ 204.18	\$ 115.55

OUTPATIENT VISITS	104	146		12,417.46	85.05	.332	119.40	28.22
OFFICE VISITS	34	37		2,200.01	59.46	.084	64.71	5.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	13	15		860.83	57.39	.034	66.22	1.96
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	68	92		9,322.94	101.34	.209	137.10	21.19
OTHER OUTPATIENT	2	2		33.68	16.84	.005	16.84	.08
INPATIENT VISITS	30	81		4,346.03	53.65	.184	144.87	9.88
HOSPITAL VISITS	29	71		3,104.12	43.72	.161	107.04	7.05
CRITICAL CARE	2	10		1,241.91	124.19	.023	620.96	2.82
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		115.58	57.79	.005	57.79	.26
EXAMINATIONS	2	2		115.58	57.79	.005	57.79	.26
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	32	209		23,049.73	110.29	.475	720.30	52.39
PRINCIPAL SURGEON	23	24		20,110.61	837.94	.055	874.37	45.71
ASSISTANT SURGEON	3	3		466.08	155.36	.007	155.36	1.06
ANESTHESIOLOGIST	14	182		2,473.04	13.59	.414	176.65	5.62
OUTPATIENT SURGERY	21	39		2,141.98	54.92	.089	102.00	4.87
PRINCIPAL SURGEON	20	25		1,903.34	76.13	.057	95.17	4.33
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	14		238.64	17.05	.032	79.55	.54
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	24	35		1,069.20	30.55	.080	44.55	2.43
RADIOLOGY	95	126		6,074.70	48.21	.286	63.94	13.81
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	8		111.91	13.99	.018	22.38	.25
OTHER SERVICES/ALL X-OVERS	20	40		1,513.44	37.84	.091	75.67	3.44
@PHARMACY	218	471	\$	14,699.99	\$ 31.21	1.070	\$ 67.43	\$ 33.41
PRESCRIPTION DRUGS	206	433		12,267.05	28.33	.984	59.55	27.88
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	206	433		12,267.05	28.33	.984	59.55	27.88
MEDICAL SUPPLIES	22	38		2,432.94	64.02	.086	110.59	5.53
@DENTIST	11	67	\$	1,528.00	\$ 22.81	.152	\$ 138.91	\$ 3.47
VISITS - DIAGNOSTIC	11	52		531.00	10.21	.118	48.27	1.21
ORAL SURGERY	2	2		130.00	65.00	.005	65.00	.30
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		258.00	258.00	.002	258.00	.59
RESTORATIVE DENTISTRY	5	12		609.00	50.75	.027	121.80	1.38
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 1,154
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL							

		----- MONTHLY AVERAGE -----						
440 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	3	12	\$ 257.13	\$ 21.43	.027	\$ 85.71	\$.58	
DIAGNOSTIC AND ANC. PROCED	3	3	118.32	39.44	.007	39.44	.27	

EYE APPLIANCES	3	9		138.81	15.42	.020	46.27	.32
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	9	12	\$	629.94	\$ 52.50	.027	\$ 69.99	\$ 1.43
NURSE ANESTHESIST	1	12	\$	138.49	\$ 11.54	.027	\$ 138.49	\$.31
NURSE MIDWIFE	129	1,055	\$	17,092.11	\$ 16.20	2.398	\$ 132.50	\$ 38.85
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	287	1,216	\$	227,510.13	\$ 187.10	2.764	\$ 792.72	\$ 517.07
HOSP INPATIENT TOTAL	45	174		197,710.78	1136.27	.395	4393.57	449.34
HSC HOSPITALS	5	34		59,360.00	1745.88	.077	11872.00	134.91
NON-HSC HOSPITAL TOTAL	40	140		138,350.78	988.22	.318	3458.77	314.43
ACCOMMODATIONS	40	140		51,994.17	371.39	.318	1299.85	118.17
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	40	140		51,994.17	371.39	.318	1299.85	118.17
ANCILLARIES	40	0		86,356.61	.00	.000	2158.92	196.27
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	267	1,042		29,799.35	28.60	2.368	111.61	67.73
MEDICAL	48	73		4,010.60	54.94	.166	83.55	9.12
SURGERY	23	30		1,558.40	51.95	.068	67.76	3.54
PATHOLOGY	165	548		9,507.85	17.35	1.245	57.62	21.61
RADIOLOGY	66	75		5,509.20	73.46	.170	83.47	12.52
ROOM USE	109	161		6,570.58	40.81	.366	60.28	14.93

CROSSOVERS/ALL OTH OUTPTNT	62	155		2,642.72	17.05	.352	42.62	6.01
@COUNTY HOSPITAL TOTAL	1	17	\$	904.19	\$ 53.19	.039	\$ 904.19	\$ 2.05
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	17		904.19	53.19	.039	904.19	2.05
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	3		69.04	23.01	.007	69.04	.16
PATHOLOGY	1	7		142.46	20.35	.016	142.46	.32
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	4		263.13	65.78	.009	263.13	.60
CROSSOVERS/ALL OTH OUTPTNT	1	3		429.56	143.19	.007	429.56	.98

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,155
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	440 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	286		1,199	\$ 226,605.94	\$ 189.00	2.725	\$ 792.33	\$ 515.01
COMM HOSP INPATIENT TOTAL	45		174	197,710.78	1136.27	.395	4393.57	449.34
HSC HOSPITALS	5		34	59,360.00	1745.88	.077	11872.00	134.91
NON-HSC HOSPITALS TOTAL	40		140	138,350.78	988.22	.318	3458.77	314.43
ACCOMMODATIONS	40		140	51,994.17	371.39	.318	1299.85	118.17
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	40		140	51,994.17	371.39	.318	1299.85	118.17
ANCILLARIES	40		0	86,356.61	.00	.000	2158.92	196.27
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	266		1,025	28,895.16	28.19	2.330	108.63	65.67
MEDICAL	48		73	4,010.60	54.94	.166	83.55	9.12
SURGERY	22		27	1,489.36	55.16	.061	67.70	3.38
PATHOLOGY	164		541	9,365.39	17.31	1.230	57.11	21.28
RADIOLOGY	66		75	5,509.20	73.46	.170	83.47	12.52
ROOM USE	108		157	6,307.45	40.17	.357	58.40	14.34
CROSSOVERS/ALL OTH OUTPTNT	61		152	2,213.16	14.56	.345	36.28	5.03
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	2	16	\$	331.07	\$	20.69	.036	\$ 165.54	\$.75
HOSPITAL BASED	2	16		331.07		20.69	.036	165.54	.75
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	128	281	\$	6,139.43	\$	21.85	.639	\$ 47.96	\$ 13.95
PATHOLOGY	128	281		6,139.43		21.85	.639	47.96	13.95
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	161	445	\$	30,841.77	\$	69.31	1.011	\$ 191.56	\$ 70.09
CLINIC	63	303		12,859.46		42.44	.689	204.12	29.23
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	99	142		17,982.31		126.64	.323	181.64	40.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 1,156	
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05	
BUTTE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL								

440 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	40	395	\$ 7,485.70	\$ 18.95	.898	\$ 187.14	\$ 17.01
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	352	4,936.71	14.02	.800	493.67	11.22
AMBULANCES/AIR TRANS	10	351	3,136.71	8.94	.798	313.67	7.13
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.002	1800.00	4.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	22	22	2,310.00	105.00	.050	105.00	5.25
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	109.28	9.11	.027	18.21	.25
PHYSICAL THERAPIST	1	8	121.70	15.21	.018	121.70	.28
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.002	8.01	.02
@CALIF. CHILDREN SERVICES*	3	202	\$ 28,565.71	\$ 141.41	.459	\$ 9521.90	\$ 64.92
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

BUTTE COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	92	7,525	\$ 243,113.08	\$ 32.31	115.769	\$ 2642.53	\$ 3740.20
@PHYSICIANS SERVICES	38	130	\$ 5,785.77	\$ 44.51	2.000	\$ 152.26	\$ 89.01
OUTPATIENT VISITS	10	13	532.91	40.99	.200	53.29	8.20
OFFICE VISITS	4	4	109.50	27.38	.062	27.38	1.68
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	9	423.41	47.05	.138	70.57	6.51
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	12	25	823.28	32.93	.385	68.61	12.67
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	12	25	823.28	32.93	.385	68.61	12.67
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	10	330.74	33.07	.154	165.37	5.09
PRINCIPAL SURGEON	1	1	224.12	224.12	.015	224.12	3.45
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9	106.62	11.85	.138	106.62	1.64
DIALYSIS	11	43	2,590.44	60.24	.662	235.49	39.85
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	14	36	1,416.60	39.35	.554	101.19	21.79
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	3	91.80	30.60	.046	30.60	1.41
@PHARMACY	55	426	\$ 23,711.69	\$ 55.66	6.554	\$ 431.12	\$ 364.80
PRESCRIPTION DRUGS	55	424	23,634.24	55.74	6.523	429.71	363.60
SNF/ICF	48	400	22,928.26	57.32	6.154	477.67	352.74
OUTPATIENTS	8	24	705.98	29.42	.369	88.25	10.86
MEDICAL SUPPLIES	1	2	77.45	38.73	.031	77.45	1.19
@DENTIST	3	14	\$ 419.00	\$ 29.93	.215	\$ 139.67	\$ 6.45
VISITS - DIAGNOSTIC	3	13	159.00	12.23	.200	53.00	2.45
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	260.00	260.00	.015	260.00	4.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

BUTTE COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	9	\$ 248.57	\$ 27.62	.138	\$ 62.14	\$ 3.82
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.046	47.45	2.19
EYE APPLIANCES	2	6	106.22	17.70	.092	53.11	1.63
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	20	\$ 1,435.75	\$ 71.79	.308	\$ 478.58	\$ 22.09
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	31	160	\$ 13,281.36	\$ 83.01	2.462	\$ 428.43	\$ 204.33
HOSP INPATIENT TOTAL	1	8	8,243.35	1030.42	.123	8243.35	126.82
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	8	8,243.35	1030.42	.123	8243.35	126.82
ACCOMMODATIONS	1	8	3,909.22	488.65	.123	3909.22	60.14
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	8	3,909.22	488.65	.123	3909.22	60.14
ANCILLARIES	1	0	4,334.13	.00	.000	4334.13	66.68
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	31	152	5,038.01	33.14	2.338	162.52	77.51
MEDICAL	10	17	868.20	51.07	.262	86.82	13.36
SURGERY	1	1	77.19	77.19	.015	77.19	1.19
PATHOLOGY	21	91	1,007.34	11.07	1.400	47.97	15.50
RADIOLOGY	7	21	2,411.35	114.83	.323	344.48	37.10
ROOM USE	7	11	504.18	45.83	.169	72.03	7.76
CROSSOVERS/ALL OTH OUTPTNT	6	11	169.75	15.43	.169	28.29	2.61
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

						AID CODE 53		----- MONTHLY AVERAGE -----	
65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	31	160	\$ 13,281.36	\$ 83.01	2.462	\$ 428.43	\$ 204.33		
COMM HOSP INPATIENT TOTAL	1	8	8,243.35	1030.42	.123	8243.35	126.82		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	1	8	8,243.35	1030.42	.123	8243.35	126.82		
ACCOMMODATIONS	1	8	3,909.22	488.65	.123	3909.22	60.14		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	1	8	3,909.22	488.65	.123	3909.22	60.14		
ANCILLARIES	1	0	4,334.13	.00	.000	4334.13	66.68		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	31	152	5,038.01	33.14	2.338	162.52	77.51		
MEDICAL	10	17	868.20	51.07	.262	86.82	13.36		
SURGERY	1	1	77.19	77.19	.015	77.19	1.19		
PATHOLOGY	21	91	1,007.34	11.07	1.400	47.97	15.50		
RADIOLOGY	7	21	2,411.35	114.83	.323	344.48	37.10		
ROOM USE	7	11	504.18	45.83	.169	72.03	7.76		
CROSSOVERS/ALL OTH OUTPTNT	6	11	169.75	15.43	.169	28.29	2.61		
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00		
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00		
@NURSING FACILITY	35	1,003	\$ 120,304.22	\$ 119.94	15.431	\$ 3437.26	\$ 1850.83		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00		
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00		
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00		

LEV B-SUBACUTE HSPTL BASED	2	48		26,551.20	553.15	.738	13275.60	408.48
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	33	955		93,753.02	98.17	14.692	2841.00	1442.35
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	12	905	\$	40,232.76	\$ 44.46	13.923	\$ 3352.73	\$ 618.97
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	12	905		40,232.76	44.46	13.923	3352.73	618.97
@REHABILITATION FACILITY	2	45	\$	1,184.04	\$ 26.31	.692	\$ 592.02	\$ 18.22
HOSPITAL BASED	2	45		1,184.04	26.31	.692	592.02	18.22
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	18	77	\$	1,288.98	\$ 16.74	1.185	\$ 71.61	\$ 19.83
PATHOLOGY	18	77		1,288.98	16.74	1.185	71.61	19.83
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	20	45	\$	5,360.87	\$ 119.13	.692	\$ 268.04	\$ 82.47
CLINIC	1	2		380.38	190.19	.031	380.38	5.85
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	19	43		4,980.49	115.83	.662	262.13	76.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 1,160
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC							

AID CODE 53

						----- MONTHLY AVERAGE -----		
65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	43	4,691	\$ 29,860.07	\$ 6.37	72.169	\$ 694.42	\$ 459.39	
DURABLE MED. EQUIP.	2	2	107.63	53.82	.031	53.82	1.66	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	35	1,593	10,652.41	6.69	24.508	304.35	163.88	
AMBULANCES/AIR TRANS	13	266	2,155.16	8.10	4.092	165.78	33.16	
OTHER TRANS	28	1,326	8,485.39	6.40	20.400	303.05	130.54	
OTHER SERVICES	1	1	11.86	11.86	.015	11.86	.18	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	1	2	60.26	30.13	.031	60.26	.93	
PROSTHETIST/ORTHOTISTS	1	1	332.00	332.00	.015	332.00	5.11	
PROSTHETICS	1	1	332.00	332.00	.015	332.00	5.11	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	4	143	16,772.35	117.29	2.200	4193.09	258.04	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	9	2,950	1,935.42	.66	45.385	215.05	29.78	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,161

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

AID CODE 87

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	17	38	\$ 2,608.71	\$ 68.65	2.235	\$ 153.45	\$ 153.45
@PHYSICIANS SERVICES	7	12	\$ 746.16	\$ 62.18	.706	\$ 106.59	\$ 43.89
OUTPATIENT VISITS	3	4	116.60	29.15	.235	38.87	6.86
OFFICE VISITS	2	3	72.00	24.00	.176	36.00	4.24
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.059	44.60	2.62
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	3	165.71	55.24	.176	82.86	9.75
HOSPITAL VISITS	2	3	165.71	55.24	.176	82.86	9.75
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	181.25	90.63	.118	90.63	10.66
PRINCIPAL SURGEON	2	2	181.25	90.63	.118	90.63	10.66
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	3	282.60	94.20	.176	141.30	16.62
@PHARMACY	4	7	\$ 211.33	\$ 30.19	.412	\$ 52.83	\$ 12.43
PRESCRIPTION DRUGS	4	7	211.33	30.19	.412	52.83	12.43
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	4	7	211.33	30.19	.412	52.83	12.43
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,162
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	3	8	\$ 180.60	\$ 22.58	.471	\$ 60.20	\$ 10.62	
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.118	47.45	5.58	
EYE APPLIANCES	2	6	85.70	14.28	.353	42.85	5.04	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	3	3	\$ 326.10	\$ 108.70	.176	\$ 108.70	\$ 19.18	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	3	3	326.10	108.70	.176	108.70	19.18	
MEDICAL	2	2	326.10	163.05	.118	163.05	19.18	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	1	1	.00	.00	.059	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,163
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	3	\$ 326.10	\$ 108.70	.176	\$ 108.70	\$ 19.18
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	3	326.10	108.70	.176	108.70	19.18
MEDICAL	2	2	326.10	163.05	.118	163.05	19.18
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	.00	.00	.059	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	8	\$ 1,144.52	\$ 143.07	.471	\$ 286.13	\$ 67.32
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	8	1,144.52	143.07	.471	286.13	67.32

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,164
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,165
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - TOTAL	

82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	109	7,563	\$ 245,721.79	\$ 32.49	92.232	\$ 2254.33	\$ 2996.61
@PHYSICIANS SERVICES	45	142	\$ 6,531.93	\$ 46.00	1.732	\$ 145.15	\$ 79.66
OUTPATIENT VISITS	13	17	649.51	38.21	.207	49.96	7.92
OFFICE VISITS	6	7	181.50	25.93	.085	30.25	2.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	10	468.01	46.80	.122	66.86	5.71
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	14	28	988.99	35.32	.341	70.64	12.06
HOSPITAL VISITS	2	3	165.71	55.24	.037	82.86	2.02
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	12	25	823.28	32.93	.305	68.61	10.04
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	12	511.99	42.67	.146	128.00	6.24
PRINCIPAL SURGEON	3	3	405.37	135.12	.037	135.12	4.94
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9	106.62	11.85	.110	106.62	1.30
DIALYSIS	11	43	2,590.44	60.24	.524	235.49	31.59
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	14	36	1,416.60	39.35	.439	101.19	17.28
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	6	374.40	62.40	.073	74.88	4.57
@PHARMACY	59	433	\$ 23,923.02	\$ 55.25	5.280	\$ 405.47	\$ 291.74
PRESCRIPTION DRUGS	59	431	23,845.57	55.33	5.256	404.16	290.80
SNF/ICF	48	400	22,928.26	57.32	4.878	477.67	279.61
OUTPATIENTS	12	31	917.31	29.59	.378	76.44	11.19
MEDICAL SUPPLIES	1	2	77.45	38.73	.024	77.45	.94
@DENTIST	3	14	\$ 419.00	\$ 29.93	.171	\$ 139.67	\$ 5.11
VISITS - DIAGNOSTIC	3	13	159.00	12.23	.159	53.00	1.94
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	260.00	260.00	.012	260.00	3.17
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,166
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	17	\$ 429.17	\$ 25.25	.207	\$ 61.31	\$ 5.23
DIAGNOSTIC AND ANC. PROCED	5	5	237.25	47.45	.061	47.45	2.89
EYE APPLIANCES	4	12	191.92	15.99	.146	47.98	2.34
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	20	\$ 1,435.75	\$ 71.79	.244	\$ 478.58	\$ 17.51
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	34	163	\$ 13,607.46	\$ 83.48	1.988	\$ 400.22	\$ 165.94
HOSP INPATIENT TOTAL	1	8	8,243.35	1030.42	.098	8243.35	100.53
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	8	8,243.35	1030.42	.098	8243.35	100.53
ACCOMMODATIONS	1	8	3,909.22	488.65	.098	3909.22	47.67
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	8	3,909.22	488.65	.098	3909.22	47.67
ANCILLARIES	1	0	4,334.13	.00	.000	4334.13	52.86
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	34	155	5,364.11	34.61	1.890	157.77	65.42
MEDICAL	12	19	1,194.30	62.86	.232	99.53	14.56
SURGERY	1	1	77.19	77.19	.012	77.19	.94
PATHOLOGY	21	91	1,007.34	11.07	1.110	47.97	12.28
RADIOLOGY	7	21	2,411.35	114.83	.256	344.48	29.41
ROOM USE	8	12	504.18	42.02	.146	63.02	6.15
CROSSOVERS/ALL OTH OUTPTNT	6	11	169.75	15.43	.134	28.29	2.07
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,167
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34	163	\$ 13,607.46	\$ 83.48	1.988	\$ 400.22	\$ 165.94
COMM HOSP INPATIENT TOTAL	1	8	8,243.35	1030.42	.098	8243.35	100.53
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	8	8,243.35	1030.42	.098	8243.35	100.53
ACCOMMODATIONS	1	8	3,909.22	488.65	.098	3909.22	47.67
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	8	3,909.22	488.65	.098	3909.22	47.67
ANCILLARIES	1	0	4,334.13	.00	.000	4334.13	52.86
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	34	155	5,364.11	34.61	1.890	157.77	65.42
MEDICAL	12	19	1,194.30	62.86	.232	99.53	14.56
SURGERY	1	1	77.19	77.19	.012	77.19	.94
PATHOLOGY	21	91	1,007.34	11.07	1.110	47.97	12.28
RADIOLOGY	7	21	2,411.35	114.83	.256	344.48	29.41
ROOM USE	8	12	504.18	42.02	.146	63.02	6.15
CROSSOVERS/ALL OTH OUTPTNT	6	11	169.75	15.43	.134	28.29	2.07
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	35	1,003	\$ 120,304.22	\$ 119.94	12.232	\$ 3437.26	\$ 1467.12
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	48	26,551.20	553.15	.585	13275.60	323.80
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	33	955	93,753.02	98.17	11.646	2841.00	1143.33
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	12	905	\$ 40,232.76	\$ 44.46	11.037	\$ 3352.73	\$ 490.64
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	12	905	40,232.76	44.46	11.037	3352.73	490.64
@REHABILITATION FACILITY	2	45	\$ 1,184.04	\$ 26.31	.549	\$ 592.02	\$ 14.44
HOSPITAL BASED	2	45	1,184.04	26.31	.549	592.02	14.44

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	18	77	\$	1,288.98	\$ 16.74	.939	\$ 71.61	\$ 15.72
PATHOLOGY	18	77		1,288.98	16.74	.939	71.61	15.72
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	24	53	\$	6,505.39	\$ 122.74	.646	\$ 271.06	\$ 79.33
CLINIC	1	2		380.38	190.19	.024	380.38	4.64
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	23	51		6,125.01	120.10	.622	266.30	74.70

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,168
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

	82 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	43		4,691	\$ 29,860.07	\$ 6.37	57.207	\$ 694.42	\$ 364.15
DURABLE MED. EQUIP.	2		2	107.63	53.82	.024	53.82	1.31
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	35		1,593	10,652.41	6.69	19.427	304.35	129.91
AMBULANCES/AIR TRANS	13		266	2,155.16	8.10	3.244	165.78	26.28
OTHER TRANS	28		1,326	8,485.39	6.40	16.171	303.05	103.48
OTHER SERVICES	1		1	11.86	11.86	.012	11.86	.14
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1		2	60.26	30.13	.024	60.26	.73
PROSTHETIST/ORTHOTISTS	1		1	332.00	332.00	.012	332.00	4.05
PROSTHETICS	1		1	332.00	332.00	.012	332.00	4.05
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	4		143	16,772.35	117.29	1.744	4193.09	204.54
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9		2,950	1,935.42	.66	35.976	215.05	23.60
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0		0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,169
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR FOR FUTURE USE	

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,170
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,171
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,172
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

BUTTE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	829	12,231	\$ 603,215.58	\$ 49.32	23.431	\$ 727.64	\$ 1155.59
@PHYSICIANS SERVICES	294	828	\$ 57,371.96	\$ 69.29	1.586	\$ 195.14	\$ 109.91
OUTPATIENT VISITS	117	163	13,066.97	80.17	.312	111.68	25.03
OFFICE VISITS	40	44	2,381.51	54.13	.084	59.54	4.56
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	20	25	1,328.84	53.15	.048	66.44	2.55
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	68	92	9,322.94	101.34	.176	137.10	17.86
OTHER OUTPATIENT	2	2	33.68	16.84	.004	16.84	.06
INPATIENT VISITS	44	109	5,335.02	48.95	.209	121.25	10.22
HOSPITAL VISITS	31	74	3,269.83	44.19	.142	105.48	6.26
CRITICAL CARE	2	10	1,241.91	124.19	.019	620.96	2.38
SNF/ICF/TRANS IP CARE	12	25	823.28	32.93	.048	68.61	1.58
OPHTHALMOLOGICAL SERVICES	2	2	115.58	57.79	.004	57.79	.22
EXAMINATIONS	2	2	115.58	57.79	.004	57.79	.22
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	32	209	23,049.73	110.29	.400	720.30	44.16
PRINCIPAL SURGEON	23	24	20,110.61	837.94	.046	874.37	38.53
ASSISTANT SURGEON	3	3	466.08	155.36	.006	155.36	.89
ANESTHESIOLOGIST	14	182	2,473.04	13.59	.349	176.65	4.74
OUTPATIENT SURGERY	25	51	2,653.97	52.04	.098	106.16	5.08
PRINCIPAL SURGEON	23	28	2,308.71	82.45	.054	100.38	4.42
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	23	345.26	15.01	.044	86.32	.66
DIALYSIS	11	43	2,590.44	60.24	.082	235.49	4.96
PATHOLOGY	24	35	1,069.20	30.55	.067	44.55	2.05
RADIOLOGY	109	162	7,491.30	46.24	.310	68.73	14.35
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	8	111.91	13.99	.015	22.38	.21
OTHER SERVICES/ALL X-OVERS	25	46	1,887.84	41.04	.088	75.51	3.62
@PHARMACY	277	904	\$ 38,623.01	\$ 42.72	1.732	\$ 139.43	\$ 73.99
PRESCRIPTION DRUGS	265	864	36,112.62	41.80	1.655	136.27	69.18
SNF/ICF	48	400	22,928.26	57.32	.766	477.67	43.92
OUTPATIENTS	218	464	13,184.36	28.41	.889	60.48	25.26
MEDICAL SUPPLIES	23	40	2,510.39	62.76	.077	109.15	4.81
@DENTIST	14	81	\$ 1,947.00	\$ 24.04	.155	\$ 139.07	\$ 3.73
VISITS - DIAGNOSTIC	14	65	690.00	10.62	.125	49.29	1.32
ORAL SURGERY	2	2	130.00	65.00	.004	65.00	.25
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	518.00	259.00	.004	259.00	.99
RESTORATIVE DENTISTRY	5	12	609.00	50.75	.023	121.80	1.17
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

BUTTE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	10	29	\$ 686.30	\$ 23.67	.056	\$ 68.63	\$ 1.31
DIAGNOSTIC AND ANC. PROCED	8	8	355.57	44.45	.015	44.45	.68
EYE APPLIANCES	7	21	330.73	15.75	.040	47.25	.63
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	12	32	\$ 2,065.69	\$ 64.55	.061	\$ 172.14	\$ 3.96
NURSE ANESTHESIST	1	12	\$ 138.49	\$ 11.54	.023	\$ 138.49	\$.27
NURSE MIDWIFE	129	1,055	\$ 17,092.11	\$ 16.20	2.021	\$ 132.50	\$ 32.74
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	321	1,379	\$ 241,117.59	\$ 174.85	2.642	\$ 751.15	\$ 461.91
HOSP INPATIENT TOTAL	46	182	205,954.13	1131.62	.349	4477.26	394.55
HSC HOSPITALS	5	34	59,360.00	1745.88	.065	11872.00	113.72
NON-HSC HOSPITAL TOTAL	41	148	146,594.13	990.50	.284	3575.47	280.83
ACCOMMODATIONS	41	148	55,903.39	377.73	.284	1363.50	107.09
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	41	148	55,903.39	377.73	.284	1363.50	107.09
ANCILLARIES	41	0	90,690.74	.00	.000	2211.97	173.74
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	301	1,197		35,163.46	29.38	2.293	116.82	67.36	
MEDICAL	60	92		5,204.90	56.58	.176	86.75	9.97	
SURGERY	24	31		1,635.59	52.76	.059	68.15	3.13	
PATHOLOGY	186	639		10,515.19	16.46	1.224	56.53	20.14	
RADIOLOGY	73	96		7,920.55	82.51	.184	108.50	15.17	
ROOM USE	117	173		7,074.76	40.89	.331	60.47	13.55	
CROSSOVERS/ALL OTH OUTPTNT	68	166		2,812.47	16.94	.318	41.36	5.39	
@COUNTY HOSPITAL TOTAL	1	17	\$	904.19	\$ 53.19	.033	\$ 904.19	\$ 1.73	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	1	17		904.19	53.19	.033	904.19	1.73	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	1	3		69.04	23.01	.006	69.04	.13	
PATHOLOGY	1	7		142.46	20.35	.013	142.46	.27	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	1	4		263.13	65.78	.008	263.13	.50	
CROSSOVERS/ALL OTH OUTPTNT	1	3		429.56	143.19	.006	429.56	.82	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 1,175
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL								

	522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	320	1,362	\$	240,213.40	\$ 176.37	2.609	\$ 750.67	\$ 460.18
COMM HOSP INPATIENT TOTAL	46	182		205,954.13	1131.62	.349	4477.26	394.55
HSC HOSPITALS	5	34		59,360.00	1745.88	.065	11872.00	113.72
NON-HSC HOSPITALS TOTAL	41	148		146,594.13	990.50	.284	3575.47	280.83
ACCOMMODATIONS	41	148		55,903.39	377.73	.284	1363.50	107.09
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	41	148		55,903.39	377.73	.284	1363.50	107.09
ANCILLARIES	41	0		90,690.74	.00	.000	2211.97	173.74
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	300	1,180		34,259.27	29.03	2.261	114.20	65.63
MEDICAL	60	92		5,204.90	56.58	.176	86.75	9.97
SURGERY	23	28		1,566.55	55.95	.054	68.11	3.00
PATHOLOGY	185	632		10,372.73	16.41	1.211	56.07	19.87
RADIOLOGY	73	96		7,920.55	82.51	.184	108.50	15.17
ROOM USE	116	169		6,811.63	40.31	.324	58.72	13.05
CROSSOVERS/ALL OTH OUTPTNT	67	163		2,382.91	14.62	.312	35.57	4.56
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	35	1,003	\$	120,304.22	\$ 119.94	1.921	\$ 3437.26	\$ 230.47
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	2	48		26,551.20	553.15	.092	13275.60	50.86
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	33	955		93,753.02	98.17	1.830	2841.00	179.60
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	12	905	\$	40,232.76	44.46	1.734	3352.73	77.07
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	12	905		40,232.76	44.46	1.734	3352.73	77.07
@REHABILITATION FACILITY	4	61	\$	1,515.11	24.84	.117	378.78	2.90
HOSPITAL BASED	4	61		1,515.11	24.84	.117	378.78	2.90
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	146	358	\$	7,428.41	20.75	.686	50.88	14.23
PATHOLOGY	146	358		7,428.41	20.75	.686	50.88	14.23
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	185	498	\$	37,347.16	74.99	.954	201.88	71.55
CLINIC	64	305		13,239.84	43.41	.584	206.87	25.36
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	122	193		24,107.32	124.91	.370	197.60	46.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 1,176	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
BUTTE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL							

	522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	83	5,086	\$	37,345.77	7.34	9.743	449.95	71.54
DURABLE MED. EQUIP.	2	2		107.63	53.82	.004	53.82	.21
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	45	1,945		15,589.12	8.01	3.726	346.42	29.86
AMBULANCES/AIR TRANS	23	617		5,291.87	8.58	1.182	230.08	10.14
OTHER TRANS	28	1,326		8,485.39	6.40	2.540	303.05	16.26
OTHER SERVICES	2	2		1,811.86	905.93	.004	905.93	3.47
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	22	22		2,310.00	105.00	.042	105.00	4.43
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	6	12		109.28	9.11	.023	18.21	.21
PHYSICAL THERAPIST	1	8		121.70	15.21	.015	121.70	.23
PORTABLE X-RAY	1	2		60.26	30.13	.004	60.26	.12
PROSTHETIST/ORTHOTISTS	1	1		332.00	332.00	.002	332.00	.64
PROSTHETICS	1	1		332.00	332.00	.002	332.00	.64
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	4	143		16,772.35	117.29	.274	4193.09	32.13
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	2,951		1,943.43	.66	5.653	194.34	3.72
@CALIF. CHILDREN SERVICES*	3	202	\$	28,565.71	141.41	.387	9521.90	54.72

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,177
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR ALL AGED

40,279 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	36,977	876,259	\$ 37,782,281.06	\$ 43.12	21.755	\$ 1021.78	\$ 938.01
@PHYSICIANS SERVICES	5,976	20,005	\$ 319,561.51	\$ 15.97	.497	\$ 53.47	\$ 7.93
OUTPATIENT VISITS	154	204	7,396.43	36.26	.005	48.03	.18
OFFICE VISITS	141	190	6,407.97	33.73	.005	45.45	.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	10	874.38	87.44	.000	97.15	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	114.08	28.52	.000	28.52	.00
INPATIENT VISITS	65	291	12,554.43	43.14	.007	193.15	.31
HOSPITAL VISITS	52	260	10,914.43	41.98	.006	209.89	.27
CRITICAL CARE	3	9	1,094.40	121.60	.000	364.80	.03
SNF/ICF/TRANS IP CARE	16	22	545.60	24.80	.001	34.10	.01
OPHTHALMOLOGICAL SERVICES	24	27	1,000.44	37.05	.001	41.69	.02
EXAMINATIONS	24	27	1,000.44	37.05	.001	41.69	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	28	239	20,319.96	85.02	.006	725.71	.50
PRINCIPAL SURGEON	23	155	17,112.62	110.40	.004	744.03	.42
ASSISTANT SURGEON	8	8	1,779.16	222.40	.000	222.40	.04
ANESTHESIOLOGIST	5	76	1,428.18	18.79	.002	285.64	.04
OUTPATIENT SURGERY	48	288	16,925.06	58.77	.007	352.61	.42
PRINCIPAL SURGEON	39	50	14,594.44	291.89	.001	374.22	.36
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	14	238	2,330.62	9.79	.006	166.47	.06
DIALYSIS	16	36	5,071.04	140.86	.001	316.94	.13
PATHOLOGY	21	77	919.64	11.94	.002	43.79	.02
RADIOLOGY	151	311	12,012.00	38.62	.008	79.55	.30
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	13	295	12,155.00	41.20	.007	935.00	.30
OTHER SERVICES/ALL X-OVERS	5,659	18,237	231,207.51	12.68	.453	40.86	5.74
@PHARMACY	29,928	362,671	\$ 10,499,504.60	\$ 28.95	9.004	\$ 350.83	\$ 260.67
PRESCRIPTION DRUGS	29,469	153,326	10,248,809.76	66.84	3.807	347.78	254.45
SNF/ICF	6,716	50,999	2,769,591.69	54.31	1.266	412.39	68.76
OUTPATIENTS	22,853	102,327	7,479,218.07	73.09	2.540	327.28	185.69
MEDICAL SUPPLIES	2,953	209,345	250,694.84	1.20	5.197	84.89	6.22
@DENTIST	1,371	4,427	\$ 184,999.80	\$ 41.79	.110	\$ 134.94	\$ 4.59
VISITS - DIAGNOSTIC	1,028	3,092	45,690.05	14.78	.077	44.45	1.13
ORAL SURGERY	145	348	19,024.50	54.67	.009	131.20	.47
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	.00	.00	.000	.00	.00
PERIODONTICS	43	45	4,192.00	93.16	.001	97.49	.10
ENDODONTICS	34	40	7,736.00	193.40	.001	227.53	.19
RESTORATIVE DENTISTRY	190	379	26,333.25	69.48	.009	138.60	.65
PROSTHETICS	8	8	245.00	30.63	.000	30.63	.01
DENTURES, STAYPLATES	237	505	81,779.00	161.94	.013	345.06	2.03
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	23	9	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,178
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 BUTTE COUNTY SUMMARY OF SERVICES FOR ALL AGED

40,279 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	849	2,066	\$ 38,921.41	\$ 18.84	.051	\$ 45.84	\$.97
DIAGNOSTIC AND ANC. PROCED	70	72	2,998.94	41.65	.002	42.84	.07
EYE APPLIANCES	643	1,721	29,526.18	17.16	.043	45.92	.73
OTHER OPTOMETRIC SERVICES	213	273	6,396.29	23.43	.007	30.03	.16
@CHIROPRACTOR	19	25	\$ 275.16	\$ 11.01	.001	\$ 14.48	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	19	25	275.16	11.01	.001	14.48	.01
@PODIATRIST	970	1,416	\$ 11,956.60	\$ 8.44	.035	\$ 12.33	\$.30
MEDICINE/INJECTIONS	10	12	318.60	26.55	.000	31.86	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	960	1,404	11,638.00	8.29	.035	12.12	.29
@HOME HEALTH AGENCY	11	62	\$ 4,317.38	\$ 69.64	.002	\$ 392.49	\$.11
NURSE ANESTHESIST	7	65	\$ 684.94	\$ 10.54	.002	\$ 97.85	\$.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	5	11	\$ 230.83	\$ 20.98	.000	\$ 46.17	\$.01
@TOTAL HOSPITAL	4,854	17,229	\$ 2,082,480.22	\$ 120.87	.428	\$ 429.02	\$ 51.70
HOSP INPATIENT TOTAL	750	691	1,750,056.18	2532.64	.017	2333.41	43.45
HSC HOSPITALS	10	65	67,502.84	1038.51	.002	6750.28	1.68
NON-HSC HOSPITAL TOTAL	86	626	1,135,392.88	1813.73	.016	13202.24	28.19
ACCOMMODATIONS	86	626	367,729.07	587.43	.016	4275.92	9.13
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	86	626	367,729.07	587.43	.016	4275.92	9.13
ANCILLARIES	86	0	767,663.81	.00	.000	8926.32	19.06
INPATIENT CROSSOVERS	655	0	547,160.46	.00	.000	835.36	13.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,520	16,538	332,424.04	20.10	.411	73.55	8.25
MEDICAL	95	203	12,067.30	59.44	.005	127.02	.30
SURGERY	26	30	2,624.21	87.47	.001	100.93	.07
PATHOLOGY	284	768	9,582.04	12.48	.019	33.74	.24
RADIOLOGY	75	120	14,073.64	117.28	.003	187.65	.35
ROOM USE	84	120	6,359.36	52.99	.003	75.71	.16
CROSSOVERS/ALL OTH OUTPTNT	4,244	15,297	287,717.49	18.81	.380	67.79	7.14
@COUNTY HOSPITAL TOTAL	10	37	\$ 1,396.83	\$ 37.75	.001	\$ 139.68	\$.03
CO HOSPITAL INPATIENT TOTAL	1	0	840.00	.00	.000	840.00	.02
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	840.00	.00	.000	840.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	9	37	556.83	15.05	.001	61.87	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	12	68.05	5.67	.000	34.03	.00
RADIOLOGY	2	4	207.85	51.96	.000	103.93	.01
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	21	280.93	13.38	.001	46.82	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR ALL AGED

	40,279 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,846	17,192	\$	2,081,083.39	\$ 121.05	.427	\$ 429.44	\$ 51.67
COMM HOSP INPATIENT TOTAL	749	691		1,749,216.18	2531.43	.017	2335.40	43.43
HSC HOSPITALS	10	65		67,502.84	1038.51	.002	6750.28	1.68
NON-HSC HOSPITALS TOTAL	86	626		1,135,392.88	1813.73	.016	13202.24	28.19
ACCOMMODATIONS	86	626		367,729.07	587.43	.016	4275.92	9.13
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	86	626		367,729.07	587.43	.016	4275.92	9.13
ANCILLARIES	86	0		767,663.81	.00	.000	8926.32	19.06
INPATIENT CROSSOVERS	654	0		546,320.46	.00	.000	835.35	13.56
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,513	16,501		331,867.21	20.11	.410	73.54	8.24
MEDICAL	95	203		12,067.30	59.44	.005	127.02	.30
SURGERY	26	30		2,624.21	87.47	.001	100.93	.07
PATHOLOGY	282	756		9,513.99	12.58	.019	33.74	.24
RADIOLOGY	73	116		13,865.79	119.53	.003	189.94	.34
ROOM USE	84	120		6,359.36	52.99	.003	75.71	.16
CROSSOVERS/ALL OTH OUTPTNT	4,240	15,276		287,436.56	18.82	.379	67.79	7.14
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	7,419	217,187	\$ 22,451,836.39	\$ 103.38	5.392	\$ 3026.26	\$ 557.41
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	1	25	7,736.25	309.45	.001	7736.25	.19
LEV B-SUBACUTE HSPTL BASED	2	17	9,235.34	543.26	.000	4617.67	.23
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	7,417	217,145	22,434,864.80	103.32	5.391	3024.79	556.99
@INTERMEDIATE CARE FACIL.-DD	15	442	\$ 82,881.70	\$ 187.52	.011	\$ 5525.45	\$ 2.06
ICF DDH	3	79	13,745.74	174.00	.002	4581.91	.34
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	363	69,135.96	190.46	.009	5761.33	1.72
@HEMODIALYSIS TOTAL	164	925	\$ 125,484.99	\$ 135.66	.023	\$ 765.15	\$ 3.12
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	164	925	125,484.99	135.66	.023	765.15	3.12
@REHABILITATION FACILITY	4	38	\$ 539.37	\$ 14.19	.001	\$ 134.84	\$.01
HOSPITAL BASED	4	38	539.37	14.19	.001	134.84	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	158	529	\$ 6,762.20	\$ 12.78	.013	\$ 42.80	\$.17
PATHOLOGY	133	486	6,417.93	13.21	.012	48.26	.16
XO AND OTHERS	25	43	344.27	8.01	.001	13.77	.01
@ORGANIZED OUTPATIENT CLINIC	3,792	6,720	\$ 365,637.77	\$ 54.41	.167	\$ 96.42	\$ 9.08
CLINIC	107	195	11,344.63	58.18	.005	106.02	.28
SURGICENTER	34	47	6,389.48	135.95	.001	187.93	.16
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,668	6,478	347,903.66	53.71	.161	94.85	8.64

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,180
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR ALL AGED

					----- MONTHLY AVERAGE -----			
40,279 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	7,238	242,441	\$ 1,606,206.19	\$ 6.63	6.019	\$ 221.91	\$ 39.88	
DURABLE MED. EQUIP.	248	1,714	101,566.83	59.26	.043	409.54	2.52	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	601	1,076	90,877.55	84.46	.027	151.21	2.26	
MEDICAL TRANSPORTATION	1,608	57,954	241,107.24	4.16	1.439	149.94	5.99	
AMBULANCES/AIR TRANS	106	285	11,956.77	41.95	.007	112.80	.30	
OTHER TRANS	1,477	57,124	225,979.11	3.96	1.418	153.00	5.61	
OTHER SERVICES	135	545	3,171.36	5.82	.014	23.49	.08	
ACUPUNCTURE	36	75	1,292.17	17.23	.002	35.89	.03	
ADULT DAY HEALTH CARE CTR	334	4,575	318,476.57	69.61	.114	953.52	7.91	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	724	7,635	399,618.94	52.34	.190	551.96	9.92	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	771	1,737	20,667.69	11.90	.043	26.81	.51	
PHYSICAL THERAPIST	1	6	7.62	1.27	.000	7.62	.00	
PORTABLE X-RAY	46	62	42.02	.68	.002	.91	.00	
PROSTHETIST/ORTHOTISTS	17	80	2,723.53	34.04	.002	160.21	.07	
PROSTHETICS	17	80	2,723.53	34.04	.002	160.21	.07	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	91	180	16,566.02	92.03	.004	182.04	.41	
HOSPICE SERVICES	94	2,193	239,562.37	109.24	.054	2548.54	5.95	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,711	165,154	173,697.64	1.05	4.100	46.81	4.31
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	12,882	117,007	\$ 2,429,547.58	\$ 20.76	2.905	\$ 188.60	\$ 60.32

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,181
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR ALL BLIND	

	3,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,511	130,204	\$ 2,641,379.89	\$ 20.29	43.372	\$ 1051.92	\$ 879.87	
@PHYSICIANS SERVICES	673	3,196	\$ 60,399.95	\$ 18.90	1.065	\$ 89.75	\$ 20.12	
OUTPATIENT VISITS	211	316	11,703.38	37.04	.105	55.47	3.90	
OFFICE VISITS	170	252	8,068.58	32.02	.084	47.46	2.69	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	35	54	3,330.44	61.67	.018	95.16	1.11	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	10	10	304.36	30.44	.003	30.44	.10	
INPATIENT VISITS	44	122	4,861.06	39.84	.041	110.48	1.62	
HOSPITAL VISITS	24	92	4,015.96	43.65	.031	167.33	1.34	
CRITICAL CARE	2	3	364.80	121.60	.001	182.40	.12	
SNF/ICF/TRANS IP CARE	20	27	480.30	17.79	.009	24.02	.16	
OPHTHALMOLOGICAL SERVICES	30	32	1,224.00	38.25	.011	40.80	.41	
EXAMINATIONS	30	32	1,224.00	38.25	.011	40.80	.41	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	8	54	4,910.06	90.93	.018	613.76	1.64	
PRINCIPAL SURGEON	6	23	4,423.35	192.32	.008	737.23	1.47	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	3	31	486.71	15.70	.010	162.24	.16	
OUTPATIENT SURGERY	44	191	11,706.50	61.29	.064	266.06	3.90	
PRINCIPAL SURGEON	33	42	9,013.35	214.60	.014	273.13	3.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	15	149	2,693.15	18.07	.050	179.54	.90	
DIALYSIS	10	15	3,207.16	213.81	.005	320.72	1.07	
PATHOLOGY	18	29	718.32	24.77	.010	39.91	.24	
RADIOLOGY	124	217	5,495.65	25.33	.072	44.32	1.83	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	10	1,156	1,781.70	1.54	.385	178.17	.59	
OTHER SERVICES/ALL X-OVERS	363	1,064	14,792.12	13.90	.354	40.75	4.93	
@PHARMACY	2,006	57,433	\$ 1,011,215.02	\$ 17.61	19.132	\$ 504.10	\$ 336.85	
PRESCRIPTION DRUGS	1,943	10,470	940,639.15	89.84	3.488	484.12	313.34	
SNF/ICF	120	1,022	79,210.72	77.51	.340	660.09	26.39	
OUTPATIENTS	1,825	9,448	861,428.43	91.18	3.147	472.02	286.95	
MEDICAL SUPPLIES	435	46,963	70,575.87	1.50	15.644	162.24	23.51	
@DENTIST	106	522	\$ 17,544.95	\$ 33.61	.174	\$ 165.52	\$ 5.84	
VISITS - DIAGNOSTIC	85	328	4,328.85	13.20	.109	50.93	1.44	
ORAL SURGERY	15	44	1,932.10	43.91	.015	128.81	.64	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	

PERIODONTICS	8	13	1,254.00	96.46	.004	156.75	.42
ENDODONTICS	7	8	2,270.00	283.75	.003	324.29	.76
RESTORATIVE DENTISTRY	29	81	4,162.00	51.38	.027	143.52	1.39
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	10	40	3,598.00	89.95	.013	359.80	1.20
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	7	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,182
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR ALL BLIND

3,002 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	56	126	\$			4,915.96	\$ 39.02	.042	\$ 87.79	\$ 1.64
DIAGNOSTIC AND ANC. PROCED	21	22				1,043.03	47.41	.007	49.67	.35
EYE APPLIANCES	34	90				3,652.67	40.59	.030	107.43	1.22
OTHER OPTOMETRIC SERVICES	9	14				220.26	15.73	.005	24.47	.07
@CHIROPRACITOR	0	0	\$			.00	\$.00	.000	\$.00	\$.00
VISITS	0	0				.00	.00	.000	.00	.00
OTHER SERVICES	0	0				.00	.00	.000	.00	.00
@PODIATRIST	53	61	\$			893.95	\$ 14.65	.020	\$ 16.87	\$.30
MEDICINE/INJECTIONS	12	13				415.90	31.99	.004	34.66	.14
SURGERY/ANES.	0	0				.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	3				51.90	17.30	.001	25.95	.02
OTHER	41	45				426.15	9.47	.015	10.39	.14
@HOME HEALTH AGENCY	22	818	\$			22,004.88	\$ 26.90	.272	\$ 1000.22	\$ 7.33
NURSE ANESTHESIST	3	23	\$			199.78	\$ 8.69	.008	\$ 66.59	\$.07
NURSE MIDWIFE	0	0	\$			.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$			.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	14	26	\$			522.32	\$ 20.09	.009	\$ 37.31	\$.17
@TOTAL HOSPITAL	571	2,943	\$			424,237.23	\$ 144.15	.980	\$ 742.97	\$ 141.32
HOSP INPATIENT TOTAL	58	161				353,239.46	2194.03	.054	6090.34	117.67
HSC HOSPITALS	0	0				.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	30	161				328,257.09	2038.86	.054	10941.90	109.35
ACCOMMODATIONS	30	161				101,080.92	627.83	.054	3369.36	33.67
ADMINISTRATIVE DAYS	0	0				.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0				.00	.00	.000	.00	.00
ALL OTHER ACCOM	30	161				101,080.92	627.83	.054	3369.36	33.67
ANCILLARIES	30	0				227,176.17	.00	.000	7572.54	75.67
INPATIENT CROSSOVERS	28	0				24,982.37	.00	.000	892.23	8.32
ALL OTHER INPATIENT	0	0				.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	552	2,782				70,997.77	25.52	.927	128.62	23.65
MEDICAL	152	336				16,806.64	50.02	.112	110.57	5.60
SURGERY	31	36				2,048.48	56.90	.012	66.08	.68
PATHOLOGY	145	557				7,435.75	13.35	.186	51.28	2.48
RADIOLOGY	84	123				8,345.11	67.85	.041	99.35	2.78
ROOM USE	153	350				14,528.67	41.51	.117	94.96	4.84
CROSSOVERS/ALL OTH OUTPTNT	337	1,380				21,833.12	15.82	.460	64.79	7.27
@COUNTY HOSPITAL TOTAL	0	0	\$			.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0				.00	.00	.000	.00	.00
HSC HOSPITALS	0	0				.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0				.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0				.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,183
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR ALL BLIND

3,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	571	2,943	\$ 424,237.23	\$ 144.15	.980	\$ 742.97	\$ 141.32
COMM HOSP INPATIENT TOTAL	58	161	353,239.46	2194.03	.054	6090.34	117.67
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	30	161	328,257.09	2038.86	.054	10941.90	109.35
ACCOMMODATIONS	30	161	101,080.92	627.83	.054	3369.36	33.67
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	30	161	101,080.92	627.83	.054	3369.36	33.67
ANCILLARIES	30	0	227,176.17	.00	.000	7572.54	75.67
INPATIENT CROSSOVERS	28	0	24,982.37	.00	.000	892.23	8.32
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	552	2,782	70,997.77	25.52	.927	128.62	23.65
MEDICAL	152	336	16,806.64	50.02	.112	110.57	5.60
SURGERY	31	36	2,048.48	56.90	.012	66.08	.68
PATHOLOGY	145	557	7,435.75	13.35	.186	51.28	2.48
RADIOLOGY	84	123	8,345.11	67.85	.041	99.35	2.78
ROOM USE	153	350	14,528.67	41.51	.117	94.96	4.84
CROSSOVERS/ALL OTH OUTPTNT	337	1,380	21,833.12	15.82	.460	64.79	7.27
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	101	2,612	\$ 319,914.20	\$ 122.48	.870	\$ 3167.47	\$ 106.57
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	101	2,612	319,914.20	122.48	.870	3167.47	106.57
@INTERMEDIATE CARE FACIL.-DD	71	2,092	\$ 404,247.16	\$ 193.23	.697	\$ 5693.62	\$ 134.66
ICF DDH	24	676	109,063.56	161.34	.225	4544.32	36.33
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	47	1,416	295,183.60	208.46	.472	6280.50	98.33
@HEMODIALYSIS TOTAL	58	2,652	\$ 64,141.83	\$ 24.19	.883	\$ 1105.89	\$ 21.37
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	58	2,652	64,141.83	24.19	.883	1105.89	21.37
@REHABILITATION FACILITY	39	385	\$ 6,493.76	\$ 16.87	.128	\$ 166.51	\$ 2.16
HOSPITAL BASED	7	32	787.40	24.61	.011	112.49	.26

INDEPENDENT FACILITY	32	353		5,706.36		16.17	.118	178.32	1.90
@LABORATORY FACILITY	87	363	\$	5,186.31	\$	14.29	.121	\$ 59.61	\$ 1.73
PATHOLOGY	83	355		5,157.71		14.53	.118	62.14	1.72
XO AND OTHERS	4	8		28.60		3.58	.003	7.15	.01
@ORGANIZED OUTPATIENT CLINIC	508	972	\$	103,061.97	\$	106.03	.324	\$ 202.88	\$ 34.33
CLINIC	16	46		2,967.18		64.50	.015	185.45	.99
SURGICENTER	7	25		1,653.81		66.15	.008	236.26	.55
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	487	901		98,440.98		109.26	.300	202.14	32.79

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,184
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR ALL BLIND

	3,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	597	55,980	\$	196,400.62	\$ 3.51	18.648	\$ 328.98	\$ 65.42
DURABLE MED. EQUIP.	40	129		28,433.36	220.41	.043	710.83	9.47
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	57	112		9,376.48	83.72	.037	164.50	3.12
MEDICAL TRANSPORTATION	142	6,082		29,951.56	4.92	2.026	210.93	9.98
AMBULANCES/AIR TRANS	40	252		5,297.09	21.02	.084	132.43	1.76
OTHER TRANS	105	5,795		24,612.31	4.25	1.930	234.40	8.20
OTHER SERVICES	4	35		42.16	1.20	.012	10.54	.01
ACUPUNCTURE	2	2		32.44	16.22	.001	16.22	.01
ADULT DAY HEALTH CARE CTR	22	352		24,502.60	69.61	.117	1113.75	8.16
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	87	1,757		65,107.36	37.06	.585	748.36	21.69
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	40	90		3,960.65	44.01	.030	99.02	1.32
PHYSICAL THERAPIST	3	26		402.13	15.47	.009	134.04	.13
PORTABLE X-RAY	1	1		.61	.61	.000	.61	.00
PROSTHETIST/ORTHOTISTS	11	22		2,986.54	135.75	.007	271.50	.99

PROSTHETICS	10	21	2,944.54	140.22	.007	294.45	.98
ORTHOTICS	1	1	42.00	42.00	.000	42.00	.01
PSYCHOLOGIST	3	10	693.40	69.34	.003	231.13	.23
SPEECH AND AUDIOLOGY	8	15	830.16	55.34	.005	103.77	.28
HOSPICE SERVICES	1	15	1,704.30	113.62	.005	1704.30	.57
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	40	1,687	12,496.66	7.41	.562	312.42	4.16
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	249	45,680	15,922.37	.35	15.217	63.95	5.30
@CALIF. CHILDREN SERVICES*	88	966	\$ 60,239.76	\$ 62.36	.322	\$ 684.54	\$ 20.07
@XOVER EXCLUDING STATE HOSP**	634	5,858	\$ 136,828.86	\$ 23.36	1.951	\$ 215.82	\$ 45.58

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,185
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

128,102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	114,029	2,518,633	\$ 99,121,994.16	\$ 39.36	19.661	\$ 869.27	\$ 773.77
@PHYSICIANS SERVICES	27,132	97,049	\$ 3,367,172.51	\$ 34.70	.758	\$ 124.10	\$ 26.29
OUTPATIENT VISITS	9,082	12,388	475,903.47	38.42	.097	52.40	3.72
OFFICE VISITS	7,253	9,590	315,905.63	32.94	.075	43.56	2.47
HOME VISITS	27	36	1,849.00	51.36	.000	68.48	.01
EMERGENCY ROOM	1,521	2,052	129,269.26	63.00	.016	84.99	1.01
PREVENTIVE CARE	1	1	35.77	35.77	.000	35.77	.00
OB VISITS/COMPRE PERI	67	88	9,354.57	106.30	.001	139.62	.07
OTHER OUTPATIENT	542	621	19,489.24	31.38	.005	35.96	.15
INPATIENT VISITS	2,242	10,960	481,910.43	43.97	.086	214.95	3.76
HOSPITAL VISITS	1,926	9,855	384,524.98	39.02	.077	199.65	3.00
CRITICAL CARE	172	608	83,763.94	137.77	.005	487.00	.65
SNF/ICF/TRANS IP CARE	310	497	13,621.51	27.41	.004	43.94	.11
OPHTHALMOLOGICAL SERVICES	888	1,026	41,375.04	40.33	.008	46.59	.32
EXAMINATIONS	883	1,021	41,275.04	40.43	.008	46.74	.32
SERVICES AND MATERIALS	5	5	100.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	1,007	6,513	530,450.38	81.44	.051	526.76	4.14
PRINCIPAL SURGEON	802	1,387	428,361.10	308.84	.011	534.12	3.34
ASSISTANT SURGEON	102	105	21,283.00	202.70	.001	208.66	.17
ANESTHESIOLOGIST	299	5,021	80,806.28	16.09	.039	270.26	.63
OUTPATIENT SURGERY	1,834	5,638	437,933.17	77.68	.044	238.79	3.42
PRINCIPAL SURGEON	1,549	2,086	378,571.67	181.48	.016	244.40	2.96
ASSISTANT SURGEON	19	19	1,884.62	99.19	.000	99.19	.01
ANESTHESIOLOGIST	367	3,533	57,476.88	16.27	.028	156.61	.45
DIALYSIS	103	298	27,424.51	92.03	.002	266.26	.21
PATHOLOGY	1,102	2,655	70,638.94	26.61	.021	64.10	.55
RADIOLOGY	8,618	17,728	559,496.88	31.56	.138	64.92	4.37
PSYCHIATRY	6	8	409.07	51.13	.000	68.18	.00
IMMUNIZATION AND INJECTION	451	8,823	153,102.82	17.35	.069	339.47	1.20
OTHER SERVICES/ALL X-OVERS	11,586	31,012	588,527.80	18.98	.242	50.80	4.59
@PHARMACY	90,940	1,147,084	\$ 47,734,851.22	\$ 41.61	8.954	\$ 524.90	\$ 372.63
PRESCRIPTION DRUGS	89,553	455,526	46,012,324.33	101.01	3.556	513.80	359.19
SNF/ICF	2,007	17,307	1,353,425.55	78.20	.135	674.35	10.57
OUTPATIENTS	87,733	438,219	44,658,898.78	101.91	3.421	509.03	348.62

MEDICAL SUPPLIES	11,223	691,558		1,722,526.89		2.49	5.398	153.48	13.45
@DENTIST	4,917	22,416	\$	944,214.59	\$	42.12	.175	\$ 192.03	\$ 7.37
VISITS - DIAGNOSTIC	3,280	13,195		172,766.21		13.09	.103	52.67	1.35
ORAL SURGERY	789	2,416		125,336.80		51.88	.019	158.86	.98
DRUGS	16	16		300.00		18.75	.000	18.75	.00
ANESTHESIA	31	34		2,920.00		85.88	.000	94.19	.02
PERIODONTICS	322	355		37,496.00		105.62	.003	116.45	.29
ENDODONTICS	367	557		129,423.00		232.36	.004	352.65	1.01
RESTORATIVE DENTISTRY	1,434	3,906		260,164.90		66.61	.030	181.43	2.03
PROSTHETICS	42	42		1,185.00		28.21	.000	28.21	.01
DENTURES, STAYPLATES	545	1,574		197,217.30		125.30	.012	361.87	1.54
SPACE MAINTAINERS	4	5		831.00		166.20	.000	207.75	.01
MAXILLOFACIAL SERVICES	12	13		4,198.84		322.99	.000	349.90	.03
FRACTURES, DISLOCATIONS	1	2		740.54		370.27	.000	740.54	.01
ORTHODONTIC SERVICES	103	140		11,335.00		80.96	.001	110.05	.09
ALL OTHER SERVICES	107	161		300.00		1.86	.001	2.80	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 1,186
MPO24	FEE-FOR-SERVICE/DENTAL								03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED								

	128,102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,548	9,595	\$	196,564.81	\$ 20.49	.075	\$ 55.40	\$ 1.53
DIAGNOSTIC AND ANC. PROCED	1,502	1,580		65,832.31	41.67	.012	43.83	.51
EYE APPLIANCES	2,695	7,547		121,372.72	16.08	.059	45.04	.95
OTHER OPTOMETRIC SERVICES	348	468		9,359.78	20.00	.004	26.90	.07
@CHIROPRACTOR	358	658	\$	10,613.11	\$ 16.13	.005	\$ 29.65	\$.08
VISITS	337	634		10,253.54	16.17	.005	30.43	.08
OTHER SERVICES	21	24		359.57	14.98	.000	17.12	.00
@PODIATRIST	1,096	2,082	\$	27,300.11	\$ 13.11	.016	\$ 24.91	\$.21
MEDICINE/INJECTIONS	381	431		11,263.84	26.13	.003	29.56	.09
SURGERY/ANES.	3	5		184.30	36.86	.000	61.43	.00
RADIO./PATHOLOGY	29	38		666.04	17.53	.000	22.97	.01
OTHER	711	1,608		15,185.93	9.44	.013	21.36	.12
@HOME HEALTH AGENCY	759	46,968	\$	1,495,825.50	\$ 31.85	.367	\$ 1970.78	\$ 11.68
NURSE ANESTHESIST	207	2,508	\$	24,424.46	\$ 9.74	.020	\$ 117.99	\$.19
NURSE MIDWIFE	127	822	\$	19,350.68	\$ 23.54	.006	\$ 152.37	\$.15
PEDIATRIC NURSE PRACTITIONER	1	1	\$	18.10	\$ 18.10	.000	\$ 18.10	\$.00
FAMILY NURSE PRACTITIONER	761	1,603	\$	25,243.47	\$ 15.75	.013	\$ 33.17	\$.20
@TOTAL HOSPITAL	28,348	151,673	\$	24,786,284.51	\$ 163.42	1.184	\$ 874.36	\$ 193.49
HOSP INPATIENT TOTAL	2,444	10,097		20,508,083.72	2031.11	.079	8391.20	160.09
HSC HOSPITALS	170	1,452		2,099,912.60	1446.22	.011	12352.43	16.39
NON-HSC HOSPITAL TOTAL	1,557	8,645		17,757,402.09	2054.07	.067	11404.88	138.62
ACCOMMODATIONS	1,556	8,645		5,576,442.33	645.05	.067	3583.83	43.53
ADMINISTRATIVE DAYS	4	27		5,367.94	198.81	.000	1341.99	.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,552	8,618		5,571,074.39	646.45	.067	3589.61	43.49
ANCILLARIES	1,557	0		12,180,959.76	.00	.000	7823.35	95.09
INPATIENT CROSSOVERS	745	0		650,769.03	.00	.000	873.52	5.08
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	27,515	141,576		4,278,200.79	30.22	1.105	155.49	33.40
MEDICAL	9,759	19,189		1,019,264.18	53.12	.150	104.44	7.96
SURGERY	1,612	1,937		96,296.67	49.71	.015	59.74	.75
PATHOLOGY	9,546	42,851		553,852.47	12.93	.335	58.02	4.32
RADIOLOGY	6,006	9,697		764,614.87	78.85	.076	127.31	5.97
ROOM USE	9,784	16,210		645,658.54	39.83	.127	65.99	5.04

CROSSOVERS/ALL OTH OUTPTNT	14,579	51,692		1,198,514.06	23.19	.404	82.21	9.36
@COUNTY HOSPITAL TOTAL	55	212	\$	49,517.57	\$ 233.57	.002	\$ 900.32	\$.39
CO HOSPITAL INPATIENT TOTAL	5	23		44,609.88	1939.56	.000	8921.98	.35
HSC HOSPITALS	3	13		16,616.00	1278.15	.000	5538.67	.13
NON-HSC HOSPITALS TOTAL	2	10		27,993.88	2799.39	.000	13996.94	.22
ACCOMMODATIONS	2	10		11,096.00	1109.60	.000	5548.00	.09
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10		11,096.00	1109.60	.000	5548.00	.09
ANCILLARIES	2	0		16,897.88	.00	.000	8448.94	.13
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	50	189		4,907.69	25.97	.001	98.15	.04
MEDICAL	19	21		716.98	34.14	.000	37.74	.01
SURGERY	4	6		312.66	52.11	.000	78.17	.00
PATHOLOGY	14	50		850.46	17.01	.000	60.75	.01
RADIOLOGY	7	12		786.27	65.52	.000	112.32	.01
ROOM USE	29	32		1,415.72	44.24	.000	48.82	.01
CROSSOVERS/ALL OTH OUTPTNT	25	68		825.60	12.14	.001	33.02	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,187
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	128,102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28,302	151,461	\$	24,736,766.94	\$ 163.32	1.182	\$ 874.03	\$ 193.10
COMM HOSP INPATIENT TOTAL	2,440	10,074		20,463,473.84	2031.32	.079	8386.67	159.74
HSC HOSPITALS	167	1,439		2,083,296.60	1447.74	.011	12474.83	16.26
NON-HSC HOSPITALS TOTAL	1,555	8,635		17,729,408.21	2053.20	.067	11401.55	138.40
ACCOMMODATIONS	1,554	8,635		5,565,346.33	644.51	.067	3581.30	43.44
ADMINISTRATIVE DAYS	4	27		5,367.94	198.81	.000	1341.99	.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,550	8,608		5,559,978.39	645.91	.067	3587.08	43.40
ANCILLARIES	1,555	0		12,164,061.88	.00	.000	7822.55	94.96
INPATIENT CROSSOVERS	745	0		650,769.03	.00	.000	873.52	5.08
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	27,473	141,387		4,273,293.10	30.22	1.104	155.55	33.36
MEDICAL	9,741	19,168		1,018,547.20	53.14	.150	104.56	7.95
SURGERY	1,608	1,931		95,984.01	49.71	.015	59.69	.75
PATHOLOGY	9,532	42,801		553,002.01	12.92	.334	58.02	4.32
RADIOLOGY	6,000	9,685		763,828.60	78.87	.076	127.30	5.96
ROOM USE	9,757	16,178		644,242.82	39.82	.126	66.03	5.03
CROSSOVERS/ALL OTH OUTPTNT	14,559	51,624		1,197,688.46	23.20	.403	82.26	9.35
@STATE HOSPITAL	2	45	\$	24,578.27	\$ 546.18	.000	\$ 12289.14	\$.19
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	2	45		24,578.27	546.18	.000	12289.14	.19
@NURSING FACILITY	1,401	38,714	\$	5,456,905.02	\$ 140.95	.302	\$ 3895.01	\$ 42.60
LEV A-INTERMEDIATE	4	163		12,729.58	78.10	.001	3182.40	.10
LEV B-REHAB MD	17	619		73,669.08	119.01	.005	4333.48	.58
LEV B-SUBACUTE FREESTANDING	46	1,473		526,996.83	357.77	.011	11456.45	4.11
LEV B-SUBACUTE HSPTL BASED	19	666		378,187.21	567.85	.005	19904.59	2.95
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,315	35,793		4,465,322.32	124.75	.279	3395.68	34.86
@INTERMEDIATE CARE FACIL.-DD	563	16,812	\$	3,023,153.67	\$ 179.82	.131	\$ 5369.72	\$ 23.60
ICF DDH	297	8,966		1,436,648.22	160.23	.070	4837.20	11.21
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	267	7,846		1,586,505.45		202.21	.061	5941.97	12.38
@HEMODIALYSIS TOTAL	562	8,344	\$	543,936.02	\$	65.19	.065	\$ 967.86	\$ 4.25
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	562	8,344		543,936.02		65.19	.065	967.86	4.25
@REHABILITATION FACILITY	684	9,282	\$	175,523.89	\$	18.91	.072	\$ 256.61	\$ 1.37
HOSPITAL BASED	374	2,533		66,661.92		26.32	.020	178.24	.52
INDEPENDENT FACILITY	310	6,749		108,861.97		16.13	.053	351.17	.85
@LABORATORY FACILITY	5,575	24,199	\$	362,496.86	\$	14.98	.189	\$ 65.02	\$ 2.83
PATHOLOGY	5,505	24,034		358,735.84		14.93	.188	65.17	2.80
XO AND OTHERS	72	165		3,761.02		22.79	.001	52.24	.03
@ORGANIZED OUTPATIENT CLINIC	34,735	64,962	\$	6,323,997.41	\$	97.35	.507	\$ 182.06	\$ 49.37
CLINIC	1,027	2,093		178,592.98		85.33	.016	173.90	1.39
SURGICENTER	264	1,660		62,753.19		37.80	.013	237.70	.49
HEROIN DETOX CLINIC	9	132		1,619.95		12.27	.001	179.99	.01
RURAL HEALTH CLINIC	33,933	61,077		6,081,031.29		99.56	.477	179.21	47.47

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,188
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

						----- MONTHLY AVERAGE -----		
128,102 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	19,334	873,816	\$ 4,579,539.95	\$ 5.24	6.821	\$ 236.86	\$ 35.75	
DURABLE MED. EQUIP.	1,857	5,109	778,435.89	152.37	.040	419.19	6.08	
BLOOD BANK	13	9,014	27,042.00	3.00	.070	2080.15	.21	
HEARING AID DISPENSERS	560	1,109	82,002.57	73.94	.009	146.43	.64	
MEDICAL TRANSPORTATION	4,166	158,565	936,622.05	5.91	1.238	224.83	7.31	
AMBULANCES/AIR TRANS	2,577	23,468	424,166.91	18.07	.183	164.60	3.31	
OTHER TRANS	1,641	134,218	456,514.04	3.40	1.048	278.19	3.56	
OTHER SERVICES	138	879	55,941.10	63.64	.007	405.37	.44	
ACUPUNCTURE	225	423	7,383.35	17.45	.003	32.81	.06	
ADULT DAY HEALTH CARE CTR	238	2,850	198,473.52	69.64	.022	833.92	1.55	
GENETIC DISEASE TESTING	27	27	2,835.00	105.00	.000	105.00	.02	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,144	33,056	1,207,910.81	36.54	.258	1055.87	9.43	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	3,116	7,240	75,874.01	10.48	.057	24.35	.59	
PHYSICAL THERAPIST	154	1,448	20,915.10	14.44	.011	135.81	.16	
PORTABLE X-RAY	11	28	87.09	3.11	.000	7.92	.00	
PROSTHETIST/ORTHOTISTS	263	757	121,470.67	160.46	.006	461.87	.95	
PROSTHETICS	250	707	115,056.17	162.74	.006	460.22	.90	
ORTHOTICS	13	50	6,414.50	128.29	.000	493.42	.05	
PSYCHOLOGIST	46	161	9,886.76	61.41	.001	214.93	.08	
SPEECH AND AUDIOLOGY	700	2,156	112,432.10	52.15	.017	160.62	.88	
HOSPICE SERVICES	99	2,237	263,359.54	117.73	.017	2660.20	2.06	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	2,032	33,918	229,615.38	6.77	.265	113.00	1.79	
EPSDT SUPPLEMENTAL SERVICE	6	481	14,213.00	29.55	.004	2368.83	.11	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	6,872	615,237	490,981.11	.80	4.803	71.45	3.83	
@CALIF. CHILDREN SERVICES*	1,500	53,352	\$ 2,420,879.29	\$ 45.38	.416	\$ 1613.92	\$ 18.90	
@XOVER EXCLUDING STATE HOSP**	19,083	211,967	\$ 2,483,649.84	\$ 11.72	1.655	\$ 130.15	\$ 19.39	

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,189
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY

SUMMARY OF SERVICES FOR ALL FAMILIES

337,782 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	172,292	878,780	\$ 54,536,516.94	\$ 62.06	2.602	\$ 316.54	\$ 161.45
@PHYSICIANS SERVICES	34,509	91,916	\$ 4,303,695.53	\$ 46.82	.272	\$ 124.71	\$ 12.74
OUTPATIENT VISITS	16,412	20,276	898,877.86	44.33	.060	54.77	2.66
OFFICE VISITS	11,706	14,122	511,676.50	36.23	.042	43.71	1.51
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3,731	4,190	234,734.72	56.02	.012	62.91	.69
PREVENTIVE CARE	38	40	1,672.71	41.82	.000	44.02	.00
OB VISITS/COMPRE PERI	926	1,436	135,495.23	94.36	.004	146.32	.40
OTHER OUTPATIENT	444	488	15,298.70	31.35	.001	34.46	.05
INPATIENT VISITS	2,318	8,078	465,784.44	57.66	.024	200.94	1.38
HOSPITAL VISITS	2,218	6,888	294,228.44	42.72	.020	132.65	.87
CRITICAL CARE	231	1,151	169,940.85	147.65	.003	735.67	.50
SNF/ICF/TRANS IP CARE	14	39	1,615.15	41.41	.000	115.37	.00
OPHTHALMOLOGICAL SERVICES	1,165	1,295	54,714.39	42.25	.004	46.97	.16
EXAMINATIONS	1,161	1,291	54,626.16	42.31	.004	47.05	.16
SERVICES AND MATERIALS	4	4	88.23	22.06	.000	22.06	.00
INPATIENT HOSPITAL SURGERY	2,009	10,144	1,174,324.83	115.77	.030	584.53	3.48
PRINCIPAL SURGEON	1,443	1,975	992,703.10	502.63	.006	687.94	2.94
ASSISTANT SURGEON	249	251	42,959.72	171.15	.001	172.53	.13
ANESTHESIOLOGIST	638	7,918	138,662.01	17.51	.023	217.34	.41
OUTPATIENT SURGERY	3,149	10,336	622,189.41	60.20	.031	197.58	1.84
PRINCIPAL SURGEON	2,592	3,418	500,509.94	146.43	.010	193.10	1.48
ASSISTANT SURGEON	40	40	3,865.32	96.63	.000	96.63	.01
ANESTHESIOLOGIST	725	6,878	117,814.15	17.13	.020	162.50	.35
DIALYSIS	21	54	5,765.22	106.76	.000	274.53	.02
PATHOLOGY	1,906	3,266	88,417.42	27.07	.010	46.39	.26
RADIOLOGY	13,946	21,471	622,047.36	28.97	.064	44.60	1.84
PSYCHIATRY	11	14	697.80	49.84	.000	63.44	.00

HOSP OUTPATIENT TOTAL	47,947	183,049	5,774,997.39	31.55	.542	120.45	17.10
MEDICAL	27,993	41,156	1,829,295.79	44.45	.122	65.35	5.42
SURGERY	3,272	3,986	214,168.10	53.73	.012	65.45	.63
PATHOLOGY	15,942	54,909	730,612.35	13.31	.163	45.83	2.16
RADIOLOGY	10,600	14,371	930,865.60	64.77	.043	87.82	2.76
ROOM USE	31,918	43,158	1,634,839.61	37.88	.128	51.22	4.84
CROSSOVERS/ALL OTH OUTPTNT	12,930	25,469	435,215.94	17.09	.075	33.66	1.29
@COUNTY HOSPITAL TOTAL	56	329	\$ 120,493.12	\$ 366.24	.001	\$ 2151.66	\$.36
CO HOSPITAL INPATIENT TOTAL	10	89	112,900.03	1268.54	.000	11290.00	.33
HSC HOSPITALS	10	89	112,900.03	1268.54	.000	11290.00	.33
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	48	240	7,593.09	31.64	.001	158.19	.02
MEDICAL	17	22	986.26	44.83	.000	58.02	.00
SURGERY	7	11	364.37	33.12	.000	52.05	.00
PATHOLOGY	16	82	1,092.53	13.32	.000	68.28	.00
RADIOLOGY	10	17	1,812.30	106.61	.000	181.23	.01
ROOM USE	39	56	2,582.93	46.12	.000	66.23	.01
CROSSOVERS/ALL OTH OUTPTNT	22	52	754.70	14.51	.000	34.30	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

					----- MONTHLY AVERAGE -----			
337,782 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	48,970	193,003	\$ 21,037,423.66	\$ 109.00	.571	\$ 429.60	\$ 62.28	
COMM HOSP INPATIENT TOTAL	2,509	10,194	15,270,019.36	1497.94	.030	6086.10	45.21	
HSC HOSPITALS	264	1,893	2,711,703.77	1432.49	.006	10271.61	8.03	
NON-HSC HOSPITALS TOTAL	2,243	8,301	12,539,093.55	1510.55	.025	5590.32	37.12	
ACCOMMODATIONS	2,237	8,301	4,149,430.66	499.87	.025	1854.91	12.28	
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	2,236	8,298	4,148,736.76	499.97	.025	1855.43	12.28	
ANCILLARIES	2,243	0	8,389,662.89	.00	.000	3740.38	24.84	
INPATIENT CROSSOVERS	23	0	19,222.04	.00	.000	835.74	.06	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	47,910	182,809	5,767,404.30	31.55	.541	120.38	17.07	
MEDICAL	27,978	41,134	1,828,309.53	44.45	.122	65.35	5.41	
SURGERY	3,265	3,975	213,803.73	53.79	.012	65.48	.63	
PATHOLOGY	15,929	54,827	729,519.82	13.31	.162	45.80	2.16	
RADIOLOGY	10,591	14,354	929,053.30	64.72	.042	87.72	2.75	
ROOM USE	31,886	43,102	1,632,256.68	37.87	.128	51.19	4.83	
CROSSOVERS/ALL OTH OUTPTNT	12,911	25,417	434,461.24	17.09	.075	33.65	1.29	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	23	627	\$ 112,168.64	\$ 178.90	.002	\$ 4876.90	\$.33	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	2	50	18,094.00	361.88	.000	9047.00	.05	

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	21	577	94,074.64	163.04	.002	4479.74	.28
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	36	1,200	55,435.69	46.20	.004	1539.88	.16
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	36	1,200	55,435.69	46.20	.004	1539.88	.16
@REHABILITATION FACILITY	509	3,670	84,831.74	23.11	.011	166.66	.25
HOSPITAL BASED	463	3,001	74,682.98	24.89	.009	161.30	.22
INDEPENDENT FACILITY	46	669	10,148.76	15.17	.002	220.63	.03
@LABORATORY FACILITY	8,376	24,331	410,707.56	16.88	.072	49.03	1.22
PATHOLOGY	8,376	24,328	410,660.16	16.88	.072	49.03	1.22
XO AND OTHERS	3	3	47.40	15.80	.000	15.80	.00
@ORGANIZED OUTPATIENT CLINIC	57,914	95,892	10,563,038.79	110.16	.284	182.39	31.27
CLINIC	3,275	10,449	430,639.16	41.21	.031	131.49	1.27
SURGICENTER	197	1,250	44,173.01	35.34	.004	224.23	.13
HEROIN DETOX CLINIC	11	198	2,277.60	11.50	.001	207.05	.01
RURAL HEALTH CLINIC	55,091	83,995	10,085,949.02	120.08	.249	183.08	29.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 1,192
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

					----- MONTHLY AVERAGE -----			
337,782 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	20,883	105,566	\$ 1,274,184.07	\$ 12.07	.313	\$ 61.02	\$ 3.77	
DURABLE MED. EQUIP.	638	2,561	106,749.44	41.68	.008	167.32	.32	
BLOOD BANK	6	4,057	12,171.00	3.00	.012	2028.50	.04	
HEARING AID DISPENSERS	41	93	8,860.00	95.27	.000	216.10	.03	
MEDICAL TRANSPORTATION	2,066	24,139	469,842.13	19.46	.071	227.42	1.39	
AMBULANCES/AIR TRANS	2,028	23,212	340,677.49	14.68	.069	167.99	1.01	
OTHER TRANS	32	852	4,561.62	5.35	.003	142.55	.01	
OTHER SERVICES	74	75	124,603.02	1661.37	.000	1683.82	.37	
ACUPUNCTURE	75	125	2,332.12	18.66	.000	31.09	.01	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	322	323	33,915.00	105.00	.001	105.33	.10	
IHMC,MODEL-NF,NF,AIDS,MSSP	37	179	19,282.42	107.72	.001	521.15	.06	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	3,373	7,304	64,350.87	8.81	.022	19.08	.19	
PHYSICAL THERAPIST	198	1,858	27,513.36	14.81	.006	138.96	.08	
PORTABLE X-RAY	1	1	.61	.61	.000	.61	.00	
PROSTHETIST/ORTHOTISTS	158	256	27,071.63	105.75	.001	171.34	.08	
PROSTHETICS	152	249	26,733.97	107.37	.001	175.88	.08	
ORTHOTICS	6	7	337.66	48.24	.000	56.28	.00	
PSYCHOLOGIST	31	112	6,887.52	61.50	.000	222.18	.02	
SPEECH AND AUDIOLOGY	851	2,363	105,477.47	44.64	.007	123.95	.31	
HOSPICE SERVICES	3	28	3,388.28	121.01	.000	1129.43	.01	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	12,929	39,898	365,998.20	9.17	.118	28.31	1.08	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	449	22,269	20,344.02	.91	.066	45.31	.06	
@CALIF. CHILDREN SERVICES*	978	29,079	\$ 2,590,856.66	\$ 89.10	.086	\$ 2649.14	\$ 7.67	

@XOVER EXCLUDING STATE HOSP** 551 3,318 \$ 68,065.69 \$ 20.51 .010 \$ 123.53 \$.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,193

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	20,246 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		11,080	71,204	\$ 3,602,833.25	\$ 50.60	3.517	\$ 325.17	\$ 177.95
@PHYSICIANS SERVICES		2,296	5,674	\$ 284,608.17	\$ 50.16	.280	\$ 123.96	\$ 14.06
OUTPATIENT VISITS		1,197	1,534	72,232.84	47.09	.076	60.34	3.57
OFFICE VISITS		808	968	35,024.34	36.18	.048	43.35	1.73
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		250	279	15,727.46	56.37	.014	62.91	.78
PREVENTIVE CARE		1	1	45.33	45.33	.000	45.33	.00
OB VISITS/COMPRE PERI		140	239	20,020.60	83.77	.012	143.00	.99
OTHER OUTPATIENT		40	47	1,415.11	30.11	.002	35.38	.07
INPATIENT VISITS		171	545	32,247.01	59.17	.027	188.58	1.59
HOSPITAL VISITS		154	440	19,328.49	43.93	.022	125.51	.95
CRITICAL CARE		13	80	12,095.24	151.19	.004	930.40	.60
SNF/ICF/TRANS IP CARE		12	25	823.28	32.93	.001	68.61	.04
OPHTHALMOLOGICAL SERVICES		52	56	2,531.77	45.21	.003	48.69	.13
EXAMINATIONS		52	56	2,531.77	45.21	.003	48.69	.13
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		132	740	75,303.55	101.76	.037	570.48	3.72
PRINCIPAL SURGEON		96	121	62,865.81	519.55	.006	654.85	3.11
ASSISTANT SURGEON		13	13	2,278.19	175.25	.001	175.25	.11
ANESTHESIOLOGIST		44	606	10,159.55	16.76	.030	230.90	.50
OUTPATIENT SURGERY		172	591	30,025.54	50.80	.029	174.57	1.48
PRINCIPAL SURGEON		136	168	22,923.96	136.45	.008	168.56	1.13
ASSISTANT SURGEON		3	3	208.87	69.62	.000	69.62	.01
ANESTHESIOLOGIST		48	420	6,892.71	16.41	.021	143.60	.34
DIALYSIS		11	43	2,590.44	60.24	.002	235.49	.13
PATHOLOGY		124	194	3,494.26	18.01	.010	28.18	.17
RADIOLOGY		824	1,303	42,231.23	32.41	.064	51.25	2.09
PSYCHIATRY		2	2	146.58	73.29	.000	73.29	.01
IMMUNIZATION AND INJECTION		30	52	1,194.85	22.98	.003	39.83	.06
OTHER SERVICES/ALL X-OVERS		261	614	22,610.10	36.82	.030	86.63	1.12
@PHARMACY		4,838	14,450	\$ 683,183.47	\$ 47.28	.714	\$ 141.21	\$ 33.74
PRESCRIPTION DRUGS		4,788	11,226	662,222.81	58.99	.554	138.31	32.71
SNF/ICF		51	460	25,758.65	56.00	.023	505.07	1.27
OUTPATIENTS		4,738	10,766	636,464.16	59.12	.532	134.33	31.44
MEDICAL SUPPLIES		130	3,224	20,960.66	6.50	.159	161.24	1.04
@DENTIST		746	4,374	\$ 133,747.78	\$ 30.58	.216	\$ 179.29	\$ 6.61
VISITS - DIAGNOSTIC		582	2,995	44,900.85	14.99	.148	77.15	2.22
ORAL SURGERY		98	255	21,156.85	82.97	.013	215.89	1.04
DRUGS		6	9	175.00	19.44	.000	29.17	.01
ANESTHESIA		7	7	395.00	56.43	.000	56.43	.02
PERIODONTICS		5	5	464.00	92.80	.000	92.80	.02
ENDODONTICS		45	76	14,055.00	184.93	.004	312.33	.69
RESTORATIVE DENTISTRY		261	904	43,481.43	48.10	.045	166.60	2.15
PROSTHETICS		1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES		1	5	242.00	48.40	.000	242.00	.01
SPACE MAINTAINERS		5	5	345.00	69.00	.000	69.00	.02

MAXILLOFACIAL SERVICES	3	3	210.15	70.05	.000	70.05	.01
FRACTURES, DISLOCATIONS	2	4	3,272.50	818.13	.000	1636.25	.16
ORTHODONTIC SERVICES	63	75	4,645.00	61.93	.004	73.73	.23
ALL OTHER SERVICES	19	30	375.00	12.50	.001	19.74	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,194
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

20,246 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	235	641	\$ 14,138.35	\$ 22.06	.032	\$ 60.16	\$.70
DIAGNOSTIC AND ANC. PROCED	174	190	7,672.92	40.38	.009	44.10	.38
EYE APPLIANCES	167	448	6,418.61	14.33	.022	38.43	.32
OTHER OPTOMETRIC SERVICES	3	3	46.82	15.61	.000	15.61	.00
@CHIROPRACTOR	21	35	\$ 585.20	\$ 16.72	.002	\$ 27.87	\$.03
VISITS	21	35	585.20	16.72	.002	27.87	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	13	\$ 412.24	\$ 31.71	.001	\$ 51.53	\$.02
MEDICINE/INJECTIONS	7	8	268.62	33.58	.000	38.37	.01
SURGERY/ANES.	1	2	47.02	23.51	.000	47.02	.00
RADIO./PATHOLOGY	1	1	24.22	24.22	.000	24.22	.00
OTHER	1	2	72.38	36.19	.000	72.38	.00
@HOME HEALTH AGENCY	61	4,026	\$ 119,394.69	\$ 29.66	.199	\$ 1957.29	\$ 5.90
NURSE ANESTHESIST	16	235	\$ 2,069.41	\$ 8.81	.012	\$ 129.34	\$.10
NURSE MIDWIFE	304	2,251	\$ 46,493.00	\$ 20.65	.111	\$ 152.94	\$ 2.30
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 57.20	\$ 57.20	.000	\$ 57.20	\$.00
@TOTAL HOSPITAL	3,173	12,220	\$ 1,376,359.08	\$ 112.63	.604	\$ 433.77	\$ 67.98
HOSP INPATIENT TOTAL	177	632	1,020,266.15	1614.35	.031	5764.22	50.39
HSC HOSPITALS	17	121	179,944.41	1487.14	.006	10584.97	8.89
NON-HSC HOSPITAL TOTAL	160	511	840,321.74	1644.47	.025	5252.01	41.51
ACCOMMODATIONS	160	511	246,815.50	483.00	.025	1542.60	12.19

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	160	511	246,815.50	483.00	.025	1542.60	12.19
ANCILLARIES	160	0	593,506.24	.00	.000	3709.41	29.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,086	11,588	356,092.93	30.73	.572	115.39	17.59
MEDICAL	1,558	2,270	105,697.72	46.56	.112	67.84	5.22
SURGERY	192	229	12,481.82	54.51	.011	65.01	.62
PATHOLOGY	1,137	3,787	52,153.16	13.77	.187	45.87	2.58
RADIOLOGY	646	893	54,343.75	60.86	.044	84.12	2.68
ROOM USE	2,094	2,769	102,346.59	36.96	.137	48.88	5.06
CROSSOVERS/ALL OTH OUTPTNT	775	1,640	29,069.89	17.73	.081	37.51	1.44
@COUNTY HOSPITAL TOTAL	3	20	\$ 1,061.26	\$ 53.06	.001	\$ 353.75	\$.05
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	20	1,061.26	53.06	.001	353.75	.05
MEDICAL	2	2	120.83	60.42	.000	60.42	.01
SURGERY	1	3	69.04	23.01	.000	69.04	.00
PATHOLOGY	1	7	142.46	20.35	.000	142.46	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	5	299.37	59.87	.000	149.69	.01
CROSSOVERS/ALL OTH OUTPTNT	1	3	429.56	143.19	.000	429.56	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,195
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	20,246 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,170	12,200	\$	1,375,297.82	\$ 112.73	.603	\$ 433.85	\$ 67.93
COMM HOSP INPATIENT TOTAL	177	632		1,020,266.15	1614.35	.031	5764.22	50.39
HSC HOSPITALS	17	121		179,944.41	1487.14	.006	10584.97	8.89
NON-HSC HOSPITALS TOTAL	160	511		840,321.74	1644.47	.025	5252.01	41.51
ACCOMMODATIONS	160	511		246,815.50	483.00	.025	1542.60	12.19
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	160	511		246,815.50	483.00	.025	1542.60	12.19
ANCILLARIES	160	0		593,506.24	.00	.000	3709.41	29.31
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,083	11,568		355,031.67	30.69	.571	115.16	17.54
MEDICAL	1,556	2,268		105,576.89	46.55	.112	67.85	5.21
SURGERY	191	226		12,412.78	54.92	.011	64.99	.61
PATHOLOGY	1,136	3,780		52,010.70	13.76	.187	45.78	2.57
RADIOLOGY	646	893		54,343.75	60.86	.044	84.12	2.68
ROOM USE	2,092	2,764		102,047.22	36.92	.137	48.78	5.04
CROSSOVERS/ALL OTH OUTPTNT	774	1,637		28,640.33	17.50	.081	37.00	1.41
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	39	1,136	\$	136,211.02	\$ 119.90	.056	\$ 3492.59	\$ 6.73
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	48		26,551.20	553.15	.002	13275.60	1.31
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	37	1,088		109,659.82	100.79	.054	2963.78	5.42
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	12	905	\$	40,232.76	\$ 44.46	.045	\$ 3352.73	\$ 1.99
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	12	905		40,232.76	44.46	.045	3352.73	1.99
@REHABILITATION FACILITY	26	616	\$	10,586.64	\$ 17.19	.030	\$ 407.18	\$.52
HOSPITAL BASED	10	100		2,365.51	23.66	.005	236.55	.12
INDEPENDENT FACILITY	16	516		8,221.13	15.93	.025	513.82	.41
@LABORATORY FACILITY	651	1,745	\$	32,926.26	\$ 18.87	.086	\$ 50.58	\$ 1.63
PATHOLOGY	651	1,745		32,926.26	18.87	.086	50.58	1.63
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3,345	5,908	\$	575,252.57	\$ 97.37	.292	\$ 171.97	\$ 28.41
CLINIC	293	1,359		46,630.52	34.31	.067	159.15	2.30
SURGICENTER	7	34		1,260.71	37.08	.002	180.10	.06
HEROIN DETOX CLINIC	1	8		120.21	15.03	.000	120.21	.01
RURAL HEALTH CLINIC	3,077	4,507		527,241.13	116.98	.223	171.35	26.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,196
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

					----- MONTHLY AVERAGE -----			
20,246 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	831	16,974	\$ 146,575.41	\$ 8.64	.838	\$ 176.38	\$ 7.24	
DURABLE MED. EQUIP.	42	84	16,674.36	198.50	.004	397.01	.82	
BLOOD BANK	1	616	1,848.00	3.00	.030	1848.00	.09	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	193	3,854	56,737.07	14.72	.190	293.97	2.80	
AMBULANCES/AIR TRANS	170	2,514	32,010.10	12.73	.124	188.29	1.58	
OTHER TRANS	29	1,329	8,505.23	6.40	.066	293.28	.42	
OTHER SERVICES	11	11	16,221.74	1474.70	.001	1474.70	.80	
ACUPUNCTURE	2	4	75.69	18.92	.000	37.85	.00	
ADULT DAY HEALTH CARE CTR	1	13	904.54	69.58	.001	904.54	.04	
GENETIC DISEASE TESTING	55	55	5,751.00	104.56	.003	104.56	.28	
IHMC,MODEL-NF,NF,AIDS,MSSP	11	286	9,674.81	33.83	.014	879.53	.48	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	161	356	3,037.53	8.53	.018	18.87	.15	
PHYSICAL THERAPIST	9	142	1,999.53	14.08	.007	222.17	.10	
PORTABLE X-RAY	1	2	60.26	30.13	.000	60.26	.00	
PROSTHETIST/ORTHOTISTS	8	14	4,040.82	288.63	.001	505.10	.20	
PROSTHETICS	8	14	4,040.82	288.63	.001	505.10	.20	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	1	4	237.46	59.37	.000	237.46	.01	
SPEECH AND AUDIOLOGY	155	442	17,367.29	39.29	.022	112.05	.86	
HOSPICE SERVICES	4	143	16,772.35	117.29	.007	4193.09	.83	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	173	878	7,598.32	8.65	.043	43.92	.38
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	33	10,081	3,796.38	.38	.498	115.04	.19
@CALIF. CHILDREN SERVICES*	146	5,496	\$ 275,659.31	\$ 50.16	.271	\$ 1888.08	\$ 13.62
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,197
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR RENAL DIALYSIS	AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,198
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,199
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,200
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 1,201

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY

SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,202
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,203
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

BUTTE COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,204
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
BUTTE COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS

PAGE 1,205
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.000		.00
SNF/ICF	0	0		.00		.000		.00
OUTPATIENTS	0	0		.00		.000		.00
MEDICAL SUPPLIES	0	0		.00		.000		.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000		.00
ORAL SURGERY	0	0		.00		.000		.00
DRUGS	0	0		.00		.000		.00
ANESTHESIA	0	0		.00		.000		.00
PERIODONTICS	0	0		.00		.000		.00
ENDODONTICS	0	0		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.000		.00
PROSTHETICS	0	0		.00		.000		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
BUTTE COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							
	AID CODES 51 52 56 57							

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.000		.00
EYE APPLIANCES	0	0		.00	.000		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.000		.00
@CHIROPRACTOR	0	0	\$	.00	.000	\$	.00
VISITS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
@PODIATRIST	0	0	\$	.00	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.000		.00
SURGERY/ANES.	0	0		.00	.000		.00
RADIO./PATHOLOGY	0	0		.00	.000		.00
OTHER	0	0		.00	.000		.00
@HOME HEALTH AGENCY	0	0	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 1,207
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS						AID CODES 51 52 56 57

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 1,208
MPO24	FEE-FOR-SERVICE/DENTAL							03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00
BLOOD BANK	0	0		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00
OTHER TRANS	0	0		.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00
OPTICIAN	0	0		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00
PROSTHETICS	0	0		.00	.000	.00	.00
ORTHOTICS	0	0		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,209
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 BUTTE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	1,645 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		452	2,715	\$ 286,436.62	\$ 105.50	1.650	\$ 633.71	\$ 174.13
@PHYSICIANS SERVICES		164	438	\$ 39,100.26	\$ 89.27	.266	\$ 238.42	\$ 23.77
OUTPATIENT VISITS		51	76	6,333.68	83.34	.046	124.19	3.85
OFFICE VISITS		13	17	1,017.46	59.85	.010	78.27	.62
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		9	9	493.27	54.81	.005	54.81	.30
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		30	47	4,640.11	98.73	.029	154.67	2.82
OTHER OUTPATIENT		3	3	182.84	60.95	.002	60.95	.11
INPATIENT VISITS		32	87	3,744.57	43.04	.053	117.02	2.28
HOSPITAL VISITS		32	87	3,744.57	43.04	.053	117.02	2.28
CRITICAL CARE		0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE		0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES		1	1	37.15	37.15	.001	37.15	.02
EXAMINATIONS		1	1	37.15	37.15	.001	37.15	.02
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		25	65	18,562.06	285.57	.040	742.48	11.28
PRINCIPAL SURGEON		20	25	17,610.18	704.41	.015	880.51	10.71
ASSISTANT SURGEON		2	2	253.89	126.95	.001	126.95	.15
ANESTHESIOLOGIST		5	38	697.99	18.37	.023	139.60	.42
OUTPATIENT SURGERY		8	18	2,071.39	115.08	.011	258.92	1.26
PRINCIPAL SURGEON		6	6	1,758.41	293.07	.004	293.07	1.07

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	12		312.98	26.08	.007	156.49	.19
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	11	12		416.47	34.71	.007	37.86	.25
RADIOLOGY	82	157		5,563.65	35.44	.095	67.85	3.38
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	8		1,908.28	238.54	.005	1908.28	1.16
OTHER SERVICES/ALL X-OVERS	10	14		463.01	33.07	.009	46.30	.28
@PHARMACY	205	596	\$	36,910.38	\$ 61.93	.362	\$ 180.05	\$ 22.44
PRESCRIPTION DRUGS	203	564		34,939.10	61.95	.343	172.11	21.24
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	203	564		34,939.10	61.95	.343	172.11	21.24
MEDICAL SUPPLIES	12	32		1,971.28	61.60	.019	164.27	1.20
@DENTIST	4	11	\$	618.00	\$ 56.18	.007	\$ 154.50	\$.38
VISITS - DIAGNOSTIC	3	6		78.00	13.00	.004	26.00	.05
ORAL SURGERY	3	5		540.00	108.00	.003	180.00	.33
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 1,210
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F							

1,645 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 31.99	\$ 31.99	.001	\$ 31.99	\$.02
MEDICINE/INJECTIONS	1	1	31.99	31.99	.001	31.99	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	6	\$ 314.97	\$ 52.50	.004	\$ 62.99	\$.19
NURSE ANESTHESIST	2	15	\$ 263.44	\$ 17.56	.009	\$ 131.72	\$.16
NURSE MIDWIFE	50	391	\$ 9,198.97	\$ 23.53	.238	\$ 183.98	\$ 5.59
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	197	872	\$ 184,899.07	\$ 212.04	.530	\$ 938.57	\$ 112.40
HOSP INPATIENT TOTAL	32	131	163,872.96	1250.94	.080	5121.03	99.62
HSC HOSPITALS	4	5	5,639.03	1127.81	.003	1409.76	3.43
NON-HSC HOSPITAL TOTAL	28	126	158,233.93	1255.82	.077	5651.21	96.19
ACCOMMODATIONS	28	126	63,806.68	506.40	.077	2278.81	38.79

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	28	126	63,806.68	506.40	.077	2278.81	38.79
ANCILLARIES	28	0	94,427.25	.00	.000	3372.40	57.40
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	179	741	21,026.11	28.38	.450	117.46	12.78
MEDICAL	61	109	5,375.91	49.32	.066	88.13	3.27
SURGERY	9	11	691.61	62.87	.007	76.85	.42
PATHOLOGY	92	320	4,664.97	14.58	.195	50.71	2.84
RADIOLOGY	56	81	4,801.74	59.28	.049	85.75	2.92
ROOM USE	71	105	4,016.53	38.25	.064	56.57	2.44
CROSSOVERS/ALL OTH OUTPTNT	48	115	1,475.35	12.83	.070	30.74	.90
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,211
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	1,645 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	197	872	\$	184,899.07	\$ 212.04	.530	\$ 938.57	\$ 112.40
COMM HOSP INPATIENT TOTAL	32	131		163,872.96	1250.94	.080	5121.03	99.62
HSC HOSPITALS	4	5		5,639.03	1127.81	.003	1409.76	3.43
NON-HSC HOSPITALS TOTAL	28	126		158,233.93	1255.82	.077	5651.21	96.19
ACCOMMODATIONS	28	126		63,806.68	506.40	.077	2278.81	38.79
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	28	126		63,806.68	506.40	.077	2278.81	38.79
ANCILLARIES	28	0		94,427.25	.00	.000	3372.40	57.40
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	179	741		21,026.11	28.38	.450	117.46	12.78
MEDICAL	61	109		5,375.91	49.32	.066	88.13	3.27
SURGERY	9	11		691.61	62.87	.007	76.85	.42
PATHOLOGY	92	320		4,664.97	14.58	.195	50.71	2.84
RADIOLOGY	56	81		4,801.74	59.28	.049	85.75	2.92
ROOM USE	71	105		4,016.53	38.25	.064	56.57	2.44
CROSSOVERS/ALL OTH OUTPTNT	48	115		1,475.35	12.83	.070	30.74	.90
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	60	161	\$	2,754.81	\$	17.11	.098	\$	45.91
PATHOLOGY	60	161		2,754.81		17.11	.098		45.91
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	64	126	\$	10,472.28	\$	83.11	.077	\$	163.63
CLINIC	9	54		1,819.39		33.69	.033		202.15
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	55	72		8,652.89		120.18	.044		157.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 1,212
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F								

					----- MONTHLY AVERAGE -----			
1,645 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	15	98	\$ 1,872.45	\$ 19.11	.060	\$ 124.83	\$ 1.14	
DURABLE MED. EQUIP.	1	1	45.48	45.48	.001	45.48	.03	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	10	92	1,301.97	14.15	.056	130.20	.79	
AMBULANCES/AIR TRANS	10	92	1,301.97	14.15	.056	130.20	.79	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	5	5	525.00	105.00	.003	105.00	.32	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	7	\$ 577.45	\$ 82.49	.004	\$ 96.24	\$.35
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,213
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

175 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	94	862	\$ 300,543.19	\$ 348.66	4.926	\$ 3197.27	\$ 1717.39
@PHYSICIANS SERVICES	33	337	\$ 12,951.72	\$ 38.43	1.926	\$ 392.48	\$ 74.01
OUTPATIENT VISITS	10	13	669.40	51.49	.074	66.94	3.83
OFFICE VISITS	9	12	624.80	52.07	.069	69.42	3.57
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.006	44.60	.25
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	9	115	4,968.66	43.21	.657	552.07	28.39
HOSPITAL VISITS	9	111	4,482.26	40.38	.634	498.03	25.61
CRITICAL CARE	3	4	486.40	121.60	.023	162.13	2.78
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	49.78	49.78	.006	49.78	.28
EXAMINATIONS	1	1	49.78	49.78	.006	49.78	.28
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	57	2,921.38	51.25	.326	324.60	16.69
PRINCIPAL SURGEON	7	10	2,298.02	229.80	.057	328.29	13.13
ASSISTANT SURGEON	1	1	80.04	80.04	.006	80.04	.46
ANESTHESIOLOGIST	2	46	543.32	11.81	.263	271.66	3.10
OUTPATIENT SURGERY	4	8	1,223.80	152.98	.046	305.95	6.99
PRINCIPAL SURGEON	4	7	1,130.72	161.53	.040	282.68	6.46
ASSISTANT SURGEON	1	1	93.08	93.08	.006	93.08	.53
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	15	662.66	44.18	.086	220.89	3.79
RADIOLOGY	15	97	1,369.12	14.11	.554	91.27	7.82
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	31	1,086.92	35.06	.177	120.77	6.21
@PHARMACY	34	120	\$ 5,814.98	\$ 48.46	.686	\$ 171.03	\$ 33.23
PRESCRIPTION DRUGS	34	120	5,814.98	48.46	.686	171.03	33.23
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	34	120	5,814.98	48.46	.686	171.03	33.23
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	5	22	\$ 860.00	\$ 39.09	.126	\$ 172.00	\$ 4.91
VISITS - DIAGNOSTIC	3	14	260.00	18.57	.080	86.67	1.49
ORAL SURGERY	1	1	45.00	45.00	.006	45.00	.26
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	260.00	260.00	.006	260.00	1.49
RESTORATIVE DENTISTRY	3	6	295.00	49.17	.034	98.33	1.69
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,214
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

175 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	2 \$	47.45	\$ 23.73	.011	\$ 47.45	\$.27
DIAGNOSTIC AND ANC. PROCED	1	2	47.45	23.73	.011	47.45	.27
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	7 \$	426.81	\$ 60.97	.040	\$ 85.36	\$ 2.44
NURSE ANESTHESIST	1	11 \$	131.97	\$ 12.00	.063	\$ 131.97	\$.75
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	29	179	\$	270,291.96	\$	1510.01	1.023	\$	9320.41	\$	1544.53
HOSP INPATIENT TOTAL	8	69		267,127.07		3871.41	.394		33390.88		1526.44
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	8	69		267,127.07		3871.41	.394		33390.88		1526.44
ACCOMMODATIONS	8	69		74,535.70		1080.23	.394		9316.96		425.92
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	69		74,535.70		1080.23	.394		9316.96		425.92
ANCILLARIES	8	0		192,591.37		.00	.000		24073.92		1100.52
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	24	110		3,164.89		28.77	.629		131.87		18.09
MEDICAL	10	13		1,016.62		78.20	.074		101.66		5.81
SURGERY	2	2		63.95		31.98	.011		31.98		.37
PATHOLOGY	13	65		932.50		14.35	.371		71.73		5.33
RADIOLOGY	14	20		812.76		40.64	.114		58.05		4.64
ROOM USE	4	6		298.14		49.69	.034		74.54		1.70
CROSSOVERS/ALL OTH OUTPTNT	3	4		40.92		10.23	.023		13.64		.23
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,215
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

175 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	29	179	\$ 270,291.96	\$ 1510.01	1.023	\$ 9320.41	\$ 1544.53
COMM HOSP INPATIENT TOTAL	8	69	267,127.07	3871.41	.394	33390.88	1526.44
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	8	69	267,127.07	3871.41	.394	33390.88	1526.44
ACCOMMODATIONS	8	69	74,535.70	1080.23	.394	9316.96	425.92
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	69	74,535.70	1080.23	.394	9316.96	425.92
ANCILLARIES	8	0	192,591.37	.00	.000	24073.92	1100.52
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	24	110	3,164.89	28.77	.629	131.87	18.09
MEDICAL	10	13	1,016.62	78.20	.074	101.66	5.81

SURGERY	2	2	63.95	31.98	.011	31.98	.37
PATHOLOGY	13	65	932.50	14.35	.371	71.73	5.33
RADIOLOGY	14	20	812.76	40.64	.114	58.05	4.64
ROOM USE	4	6	298.14	49.69	.034	74.54	1.70
CROSSOVERS/ALL OTH OUTPTNT	3	4	40.92	10.23	.023	13.64	.23
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	17	88	\$ 1,874.44	\$ 21.30	.503	\$ 110.26	\$ 10.71
PATHOLOGY	17	88	1,874.44	21.30	.503	110.26	10.71
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	41	78	\$ 7,600.60	\$ 97.44	.446	\$ 185.38	\$ 43.43
CLINIC	15	35	1,399.58	39.99	.200	93.31	8.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	26	43	6,201.02	144.21	.246	238.50	35.43

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,216
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

175 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	4	18	\$ 543.26	\$ 30.18	.103 \$ 135.82 \$ 3.10
DURABLE MED. EQUIP.	2	4	360.06	90.02	.023 180.03 2.06
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	2	14	183.20	13.09	.080 91.60 1.05
AMBULANCES/AIR TRANS	2	14	183.20	13.09	.080 91.60 1.05
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,217
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL	AID CODES 0M 0N 0P

254 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	271	2,061	\$ 226,497.45	\$ 109.90	8.114	\$ 835.78	\$ 891.72
@PHYSICIANS SERVICES	149	526	\$ 33,352.32	\$ 63.41	2.071	\$ 223.84	\$ 131.31
OUTPATIENT VISITS	94	132	5,269.91	39.92	.520	56.06	20.75
OFFICE VISITS	93	129	5,186.91	40.21	.508	55.77	20.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.004	44.60	.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	38.40	19.20	.008	19.20	.15
INPATIENT VISITS	2	3	108.06	36.02	.012	54.03	.43
HOSPITAL VISITS	2	3	108.06	36.02	.012	54.03	.43
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	83.15	41.58	.008	41.58	.33
EXAMINATIONS	2	2	83.15	41.58	.008	41.58	.33
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	16	107	5,423.54	50.69	.421	338.97	21.35
PRINCIPAL SURGEON	9	11	3,810.13	346.38	.043	423.35	15.00
ASSISTANT SURGEON	2	2	269.54	134.77	.008	134.77	1.06
ANESTHESIOLOGIST	7	94	1,343.87	14.30	.370	191.98	5.29
OUTPATIENT SURGERY	31	81	8,423.06	103.99	.319	271.71	33.16
PRINCIPAL SURGEON	28	38	7,427.76	195.47	.150	265.28	29.24
ASSISTANT SURGEON	1	1	141.10	141.10	.004	141.10	.56
ANESTHESIOLOGIST	5	42	854.20	20.34	.165	170.84	3.36
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	59.75	14.94	.016	19.92	.24
RADIOLOGY	67	162	8,626.68	53.25	.638	128.76	33.96
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	15	4,915.63	327.71	.059	1228.91	19.35
OTHER SERVICES/ALL X-OVERS	8	20	442.54	22.13	.079	55.32	1.74
@PHARMACY	154	371	\$ 27,150.09	\$ 73.18	1.461	\$ 176.30	\$ 106.89
PRESCRIPTION DRUGS	153	363	26,800.50	73.83	1.429	175.17	105.51
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	153	363	26,800.50	73.83	1.429	175.17	105.51

MEDICAL SUPPLIES	4	8		349.59	43.70	.031	87.40	1.38
@DENTIST	9	51	\$	1,816.40	35.62	.201	201.82	7.15
VISITS - DIAGNOSTIC	5	28		251.40	8.98	.110	50.28	.99
ORAL SURGERY	3	13		515.00	39.62	.051	171.67	2.03
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	2		60.00	30.00	.008	30.00	.24
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	8		990.00	123.75	.031	495.00	3.90
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,218
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

254 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	5	\$ 130.73	\$ 26.15	.020	\$ 43.58	\$.51
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.004	47.45	.19
EYE APPLIANCES	2	4	58.83	14.71	.016	29.42	.23
OTHER OPTOMETRIC SERVICES	1	0	24.45	.00	.000	24.45	.10
@CHIROPRACITOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	2	23	\$ 177.75	\$ 7.73	.091	\$ 88.88	\$.70
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	106	891	\$ 149,686.01	\$ 168.00	3.508	\$ 1412.13	\$ 589.32
HOSP INPATIENT TOTAL	7	10	37,934.95	3793.50	.039	5419.28	149.35
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	7	10	37,934.95	3793.50	.039	5419.28	149.35
ACCOMMODATIONS	7	10	5,566.39	556.64	.039	795.20	21.91
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	10	5,566.39	556.64	.039	795.20	21.91
ANCILLARIES	7	0	32,368.56	.00	.000	4624.08	127.44
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	102	881	111,751.06	126.85	3.469	1095.60	439.96
MEDICAL	29	50	2,141.52	42.83	.197	73.85	8.43
SURGERY	9	9	1,054.22	117.14	.035	117.14	4.15
PATHOLOGY	43	127	1,497.89	11.79	.500	34.83	5.90
RADIOLOGY	38	217	13,578.99	62.58	.854	357.34	53.46
ROOM USE	51	93	5,475.27	58.87	.366	107.36	21.56

CROSSOVERS/ALL OTH OUTPTNT	30	385	88,003.17	228.58	1.516	2933.44	346.47
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,219
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

254 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	106	891	\$ 149,686.01	\$ 168.00	3.508	\$ 1412.13	\$ 589.32
COMM HOSP INPATIENT TOTAL	7	10	37,934.95	3793.50	.039	5419.28	149.35
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	7	10	37,934.95	3793.50	.039	5419.28	149.35
ACCOMMODATIONS	7	10	5,566.39	556.64	.039	795.20	21.91
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	7	10	5,566.39	556.64	.039	795.20	21.91
ANCILLARIES	7	0	32,368.56	.00	.000	4624.08	127.44
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	102	881	111,751.06	126.85	3.469	1095.60	439.96
MEDICAL	29	50	2,141.52	42.83	.197	73.85	8.43
SURGERY	9	9	1,054.22	117.14	.035	117.14	4.15
PATHOLOGY	43	127	1,497.89	11.79	.500	34.83	5.90
RADIOLOGY	38	217	13,578.99	62.58	.854	357.34	53.46
ROOM USE	51	93	5,475.27	58.87	.366	107.36	21.56
CROSSOVERS/ALL OTH OUTPTNT	30	385	88,003.17	228.58	1.516	2933.44	346.47
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	22	\$ 490.68	\$ 22.30	.087	\$ 490.68	\$ 1.93
HOSPITAL BASED	1	22	490.68	22.30	.087	490.68	1.93
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	41	102	\$ 6,094.99	\$ 59.75	.402	\$ 148.66	\$ 24.00
PATHOLOGY	41	102	6,094.99	59.75	.402	148.66	24.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	35	54	\$ 7,233.37	\$ 133.95	.213	\$ 206.67	\$ 28.48
CLINIC	12	19	3,396.91	178.78	.075	283.08	13.37
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	25	35	3,836.46	109.61	.138	153.46	15.10

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,220
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

254 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	16	\$ 365.11	\$ 22.82	.063	\$ 73.02	\$ 1.44
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	10	296.31	29.63	.039	148.16	1.17
AMBULANCES/AIR TRANS	2	10	296.31	29.63	.039	148.16	1.17
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	68.80	11.47	.024	22.93	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	.00
@XOVER EXCLUDING STATE HOSP**	3	4	\$ 82.41	\$ 20.60	.016	\$ 27.47	\$.32

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,221
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV	

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16	33	\$ 937.46	\$ 28.41	.673	\$ 58.59	\$ 19.13
@PHYSICIANS SERVICES	5	5	\$ 89.93	\$ 17.99	.102	\$ 17.99	\$ 1.84
OUTPATIENT VISITS	3	3	68.40	22.80	.061	22.80	1.40
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	68.40	22.80	.061	22.80	1.40
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2		21.53		10.77	.041	10.77	.44
@PHARMACY	3	5	\$	230.13	\$	46.03	.102	76.71	\$ 4.70
PRESCRIPTION DRUGS	3	5		230.13		46.03	.102	76.71	4.70
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	3	5		230.13		46.03	.102	76.71	4.70
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
BUTTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY								
	AID CODES OR OT OU OV								

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49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1	2	\$ 125.06	\$ 62.53	.041	\$ 125.06	\$ 2.55
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	1	2		125.06	62.53	.041	125.06	2.55
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2		125.06	62.53	.041	125.06	2.55
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,223
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	2	\$ 125.06	\$ 62.53	.041	\$ 125.06	\$ 2.55
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	2	125.06	62.53	.041	125.06	2.55
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	125.06	62.53	.041	125.06	2.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	6	\$	417.19	\$	69.53	.122	\$ 417.19	\$ 8.51
PATHOLOGY	1	6		417.19		69.53	.122	417.19	8.51
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 1,224
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY								AID CODES 0R 0T 0U 0V

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7	15	\$ 75.15	\$ 5.01	.306	\$ 10.74	\$ 1.53
DURABLE MED. EQUIP.	2	10	43.30	4.33	.204	21.65	.88
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	5	31.85	6.37	.102	6.37	.65
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	7	9	178.44	19.83	.184	25.49	3.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,225
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

303 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	287	2,094	\$ 227,434.91	\$ 108.61	6.911	\$ 792.46	\$ 750.61
@PHYSICIANS SERVICES	154	531	\$ 33,442.25	\$ 62.98	1.752	\$ 217.16	\$ 110.37
OUTPATIENT VISITS	97	135	5,338.31	39.54	.446	55.03	17.62
OFFICE VISITS	93	129	5,186.91	40.21	.426	55.77	17.12
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.003	44.60	.15
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	106.80	21.36	.017	21.36	.35
INPATIENT VISITS	2	3	108.06	36.02	.010	54.03	.36
HOSPITAL VISITS	2	3	108.06	36.02	.010	54.03	.36
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	83.15	41.58	.007	41.58	.27
EXAMINATIONS	2	2	83.15	41.58	.007	41.58	.27
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	16	107	5,423.54	50.69	.353	338.97	17.90
PRINCIPAL SURGEON	9	11	3,810.13	346.38	.036	423.35	12.57
ASSISTANT SURGEON	2	2	269.54	134.77	.007	134.77	.89
ANESTHESIOLOGIST	7	94	1,343.87	14.30	.310	191.98	4.44
OUTPATIENT SURGERY	31	81	8,423.06	103.99	.267	271.71	27.80
PRINCIPAL SURGEON	28	38	7,427.76	195.47	.125	265.28	24.51

ASSISTANT SURGEON	1	1	141.10	141.10	.003	141.10	.47
ANESTHESIOLOGIST	5	42	854.20	20.34	.139	170.84	2.82
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	59.75	14.94	.013	19.92	.20
RADIOLOGY	67	162	8,626.68	53.25	.535	128.76	28.47
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	15	4,915.63	327.71	.050	1228.91	16.22
OTHER SERVICES/ALL X-OVERS	10	22	464.07	21.09	.073	46.41	1.53
@PHARMACY	157	376	\$ 27,380.22	\$ 72.82	1.241	\$ 174.40	\$ 90.36
PRESCRIPTION DRUGS	156	368	27,030.63	73.45	1.215	173.27	89.21
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	156	368	27,030.63	73.45	1.215	173.27	89.21
MEDICAL SUPPLIES	4	8	349.59	43.70	.026	87.40	1.15
@DENTIST	9	51	\$ 1,816.40	\$ 35.62	.168	\$ 201.82	\$ 5.99
VISITS - DIAGNOSTIC	5	28	251.40	8.98	.092	50.28	.83
ORAL SURGERY	3	13	515.00	39.62	.043	171.67	1.70
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	2	60.00	30.00	.007	30.00	.20
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	8	990.00	123.75	.026	495.00	3.27
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 1,226
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

303 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	3	5	\$ 130.73	\$ 26.15	.017	\$ 43.58	\$.43
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.003	47.45	.16
EYE APPLIANCES	2	4	58.83	14.71	.013	29.42	.19
OTHER OPTOMETRIC SERVICES	1	0	24.45	.00	.000	24.45	.08
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	2	23	\$ 177.75	\$ 7.73	.076	\$ 88.88	\$.59
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	107	893	\$ 149,811.07	\$ 167.76	2.947	\$ 1400.10	\$ 494.43
HOSP INPATIENT TOTAL	7	10	37,934.95	3793.50	.033	5419.28	125.20
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	7	10	37,934.95	3793.50	.033	5419.28	125.20
ACCOMMODATIONS	7	10	5,566.39	556.64	.033	795.20	18.37

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	10	5,566.39	556.64	.033	795.20	18.37
ANCILLARIES	7	0	32,368.56	.00	.000	4624.08	106.83
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	103	883	111,876.12	126.70	2.914	1086.18	369.23
MEDICAL	29	50	2,141.52	42.83	.165	73.85	7.07
SURGERY	9	9	1,054.22	117.14	.030	117.14	3.48
PATHOLOGY	43	127	1,497.89	11.79	.419	34.83	4.94
RADIOLOGY	38	217	13,578.99	62.58	.716	357.34	44.82
ROOM USE	51	93	5,475.27	58.87	.307	107.36	18.07
CROSSOVERS/ALL OTH OUTPTNT	31	387	88,128.23	227.72	1.277	2842.85	290.85
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,227
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

					----- MONTHLY AVERAGE -----			
303 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	107	893	\$ 149,811.07	\$ 167.76	2.947	\$ 1400.10	\$ 494.43	
COMM HOSP INPATIENT TOTAL	7	10	37,934.95	3793.50	.033	5419.28	125.20	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	7	10	37,934.95	3793.50	.033	5419.28	125.20	
ACCOMMODATIONS	7	10	5,566.39	556.64	.033	795.20	18.37	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	7	10	5,566.39	556.64	.033	795.20	18.37	
ANCILLARIES	7	0	32,368.56	.00	.000	4624.08	106.83	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	103	883	111,876.12	126.70	2.914	1086.18	369.23	
MEDICAL	29	50	2,141.52	42.83	.165	73.85	7.07	
SURGERY	9	9	1,054.22	117.14	.030	117.14	3.48	
PATHOLOGY	43	127	1,497.89	11.79	.419	34.83	4.94	
RADIOLOGY	38	217	13,578.99	62.58	.716	357.34	44.82	
ROOM USE	51	93	5,475.27	58.87	.307	107.36	18.07	
CROSSOVERS/ALL OTH OUTPTNT	31	387	88,128.23	227.72	1.277	2842.85	290.85	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	1	22	\$	490.68	\$	22.30	.073	\$ 490.68	\$ 1.62
HOSPITAL BASED	1	22		490.68		22.30	.073	490.68	1.62
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	42	108	\$	6,512.18	\$	60.30	.356	\$ 155.05	\$ 21.49
PATHOLOGY	42	108		6,512.18		60.30	.356	155.05	21.49
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	35	54	\$	7,233.37	\$	133.95	.178	\$ 206.67	\$ 23.87
CLINIC	12	19		3,396.91		178.78	.063	283.08	11.21
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	25	35		3,836.46		109.61	.116	153.46	12.66

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,228
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

303 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	31	\$ 440.26	\$ 14.20	.102	\$ 36.69	\$ 1.45
DURABLE MED. EQUIP.	2	10	43.30	4.33	.033	21.65	.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	10	296.31	29.63	.033	148.16	.98
AMBULANCES/AIR TRANS	2	10	296.31	29.63	.033	148.16	.98
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	68.80	11.47	.020	22.93	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	5	31.85	6.37	.017	6.37	.11
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	10	13	\$ 260.85	\$ 20.07	.043	\$ 26.09	\$.86

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,229
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 BUTTE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

146 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	26	54	\$ 498.66	\$ 9.23	.370	\$ 19.18	\$ 3.42
@PHYSICIANS SERVICES	16	33	\$ 215.30	\$ 6.52	.226	\$ 13.46	\$ 1.47
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	16	33		215.30		6.52	.226	13.46	1.47
@PHARMACY	3	6	\$	56.18	\$	9.36	.041	18.73	.38
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00	.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	0	0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	3	6		56.18		9.36	.041	18.73	.38
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,230
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

	146 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0		0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00	.00	.000	.00	.00
EYE APPLIANCES	0		0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0		0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	1		1 \$	24.00	\$ 24.00	.007	\$ 24.00	\$.16
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	1		1	24.00	24.00	.007	24.00	.16
@HOME HEALTH AGENCY	0		0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	8	13	\$	180.18	\$	13.86	.089	\$	22.52	\$	1.23
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8	13		180.18		13.86	.089		22.52		1.23
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	8	13		180.18		13.86	.089		22.52		1.23
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,231
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

146 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	13	\$ 180.18	\$ 13.86	.089	\$ 22.52	\$ 1.23
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	13	180.18	13.86	.089	22.52	1.23
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	8	13		180.18	13.86	.089	22.52	1.23
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	23.00	\$ 23.00	.007	\$ 23.00	\$.16
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		23.00	23.00	.007	23.00	.16

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,232
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

146 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	26	54	\$ 498.66	\$ 9.23	.370	\$ 19.18	\$ 3.42

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,233
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM	AID CODES 72 74 8N 8P

5,570 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	2,235	11,419	\$ 392,911.80	\$ 34.41	2.050	\$ 175.80	\$ 70.54
@PHYSICIANS SERVICES	402	901	\$ 28,473.50	\$ 31.60	.162	\$ 70.83	\$ 5.11
OUTPATIENT VISITS	279	359	12,484.43	34.78	.064	44.75	2.24
OFFICE VISITS	237	309	10,111.91	32.72	.055	42.67	1.82
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	38	41	2,058.33	50.20	.007	54.17	.37
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	9	314.19	34.91	.002	34.91	.06
INPATIENT VISITS	13	29	1,693.67	58.40	.005	130.28	.30
HOSPITAL VISITS	13	28	1,561.00	55.75	.005	120.08	.28
CRITICAL CARE	1	1	132.67	132.67	.000	132.67	.02
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	16	657.60	41.10	.003	59.78	.12
EXAMINATIONS	11	16	657.60	41.10	.003	59.78	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	168.65	168.65	.000	168.65	.03
PRINCIPAL SURGEON	1	1	168.65	168.65	.000	168.65	.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	43	203	7,149.13	35.22	.036	166.26	1.28
PRINCIPAL SURGEON	28	40	4,202.10	105.05	.007	150.08	.75
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	18	163	2,947.03	18.08	.029	163.72	.53
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	22	26	238.70	9.18	.005	10.85	.04
RADIOLOGY	80	103	1,431.61	13.90	.018	17.90	.26
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	4	113.84	28.46	.001	56.92	.02
OTHER SERVICES/ALL X-OVERS	61	160	4,535.87	28.35	.029	74.36	.81
@PHARMACY	960	2,416	\$ 90,818.77	\$ 37.59	.434	\$ 94.60	\$ 16.30
PRESCRIPTION DRUGS	951	1,793	86,042.25	47.99	.322	90.48	15.45
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	951	1,793	86,042.25	47.99	.322	90.48	15.45

MEDICAL SUPPLIES	17	623		4,776.52		7.67	.112	280.97	.86
@DENTIST	136	694	\$	21,711.52	\$	31.28	.125	\$ 159.64	\$ 3.90
VISITS - DIAGNOSTIC	116	359		6,094.00		16.97	.064	52.53	1.09
ORAL SURGERY	15	39		1,176.87		30.18	.007	78.46	.21
DRUGS	22	24		550.00		22.92	.004	25.00	.10
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	16	34		2,130.00		62.65	.006	133.13	.38
RESTORATIVE DENTISTRY	52	229		11,400.65		49.78	.041	219.24	2.05
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	3	5		360.00		72.00	.001	120.00	.06
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	1		.00		.00	.000	.00	.00
ALL OTHER SERVICES	4	3		.00		.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 1,234
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM								AID CODES 72 74 8N 8P

5,570 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	15	\$ 329.45	\$ 21.96	.003	\$ 36.61	\$.06
DIAGNOSTIC AND ANC. PROCED	5	7	222.60	31.80	.001	44.52	.04
EYE APPLIANCES	3	7	82.85	11.84	.001	27.62	.01
OTHER OPTOMETRIC SERVICES	1	1	24.00	24.00	.000	24.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 52.36	\$ 26.18	.000	\$ 26.18	\$.01
MEDICINE/INJECTIONS	2	2	52.36	26.18	.000	26.18	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	8	10	\$	696.34	\$ 69.63	.002	\$ 87.04	\$.13
NURSE ANESTHESIST	9	70	\$	904.79	\$ 12.93	.013	\$ 100.53	\$.16
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	706	2,095	\$	115,642.50	\$ 55.20	.376	\$ 163.80	\$ 20.76
HOSP INPATIENT TOTAL	15	31		46,122.14	1487.81	.006	3074.81	8.28
HSC HOSPITALS	2	6		10,080.00	1680.00	.001	5040.00	1.81
NON-HSC HOSPITAL TOTAL	13	25		36,042.14	1441.69	.004	2772.47	6.47
ACCOMMODATIONS	13	25		15,388.81	615.55	.004	1183.75	2.76
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	25		15,388.81	615.55	.004	1183.75	2.76
ANCILLARIES	13	0		20,653.33	.00	.000	1588.72	3.71
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	699	2,064		69,520.36	33.68	.371	99.46	12.48
MEDICAL	476	674		26,667.81	39.57	.121	56.02	4.79
SURGERY	52	64		3,853.33	60.21	.011	74.10	.69
PATHOLOGY	100	231		2,653.57	11.49	.041	26.54	.48
RADIOLOGY	60	76		2,157.10	28.38	.014	35.95	.39
ROOM USE	579	772		30,173.32	39.08	.139	52.11	5.42
CROSSOVERS/ALL OTH OUTPTNT	161	247		4,015.23	16.26	.044	24.94	.72
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

5,570 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	706	2,095	\$ 115,642.50	\$ 55.20	.376	\$ 163.80	\$ 20.76
COMM HOSP INPATIENT TOTAL	15	31	46,122.14	1487.81	.006	3074.81	8.28
HSC HOSPITALS	2	6	10,080.00	1680.00	.001	5040.00	1.81
NON-HSC HOSPITALS TOTAL	13	25	36,042.14	1441.69	.004	2772.47	6.47
ACCOMMODATIONS	13	25	15,388.81	615.55	.004	1183.75	2.76
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	13	25	15,388.81	615.55	.004	1183.75	2.76
ANCILLARIES	13	0	20,653.33	.00	.000	1588.72	3.71
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	699	2,064	69,520.36	33.68	.371	99.46	12.48
MEDICAL	476	674	26,667.81	39.57	.121	56.02	4.79
SURGERY	52	64	3,853.33	60.21	.011	74.10	.69
PATHOLOGY	100	231	2,653.57	11.49	.041	26.54	.48
RADIOLOGY	60	76	2,157.10	28.38	.014	35.95	.39
ROOM USE	579	772	30,173.32	39.08	.139	52.11	5.42
CROSSOVERS/ALL OTH OUTPTNT	161	247	4,015.23	16.26	.044	24.94	.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	54	\$ 1,027.94	\$ 19.04	.010	\$ 513.97	\$.18
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	2	54	1,027.94	19.04	.010	513.97	.18
@LABORATORY FACILITY	48	75	\$ 849.29	\$ 11.32	.013	\$ 17.69	\$.15
PATHOLOGY	48	75	849.29	11.32	.013	17.69	.15
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	687	925	\$ 107,818.58	\$ 116.56	.166	\$ 156.94	\$ 19.36
CLINIC	6	6	863.54	143.92	.001	143.92	.16
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	681	919	106,955.04	116.38	.165	157.06	19.20

#CALIF DEPT OF HEALTH SERV MOP024 BUTTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,236
 FEE-FOR-SERVICE/DENTAL 03/14/05
 SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

5,570 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	206	4,162	\$ 24,586.76	\$ 5.91	.747	\$ 119.35	\$ 4.41
DURABLE MED. EQUIP.	16	16	2,057.25	128.58	.003	128.58	.37
BLOOD BANK	4	3,552	10,656.00	3.00	.638	2664.00	1.91
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	13	58	1,511.22	26.06	.010	116.25	.27
AMBULANCES/AIR TRANS	13	58	1,511.22	26.06	.010	116.25	.27
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	11	85.01	7.73	.002	17.00	.02
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	5	1,252.85	250.57	.001	417.62	.22
PROSTHETICS	3	5	1,252.85	250.57	.001	417.62	.22
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	42	101	4,544.09	44.99	.018	108.19	.82
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	125	418	4,455.68	10.66	.075	35.65	.80
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	24.66	24.66	.000	24.66	.00
@CALIF. CHILDREN SERVICES*	42	234	\$ 26,693.86	\$ 114.08	.042	\$ 635.57	\$ 4.79
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,237
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

6,043 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,308	10,153	\$ 525,201.77	\$ 51.73	1.680	\$ 227.56	\$ 86.91
@PHYSICIANS SERVICES	417	998	\$ 40,881.80	\$ 40.96	.165	\$ 98.04	\$ 6.77
OUTPATIENT VISITS	229	271	11,205.91	41.35	.045	48.93	1.85
OFFICE VISITS	187	213	7,969.91	37.42	.035	42.62	1.32
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	31	33	2,093.71	63.45	.005	67.54	.35
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.01
OB VISITS/COMPRE PERI	5	12	545.00	45.42	.002	109.00	.09
OTHER OUTPATIENT	12	12	542.46	45.21	.002	45.21	.09
INPATIENT VISITS	19	41	2,762.79	67.39	.007	145.41	.46
HOSPITAL VISITS	18	34	1,637.52	48.16	.006	90.97	.27
CRITICAL CARE	3	7	1,125.27	160.75	.001	375.09	.19
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	23	23	993.06	43.18	.004	43.18	.16
EXAMINATIONS	23	23	993.06	43.18	.004	43.18	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	95	9,760.87	102.75	.016	976.09	1.62
PRINCIPAL SURGEON	9	18	8,358.03	464.34	.003	928.67	1.38
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	77	1,402.84	18.22	.013	467.61	.23
OUTPATIENT SURGERY	32	89	6,335.50	71.19	.015	197.98	1.05
PRINCIPAL SURGEON	28	33	5,250.37	159.10	.005	187.51	.87
ASSISTANT SURGEON	1	1	59.57	59.57	.000	59.57	.01
ANESTHESIOLOGIST	7	55	1,025.56	18.65	.009	146.51	.17
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	27	37	537.88	14.54	.006	19.92	.09
RADIOLOGY	135	209	4,447.69	21.28	.035	32.95	.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	1	2		75.00		37.50	.000	75.00	.01
OTHER SERVICES/ALL X-OVERS	67	231		4,763.10		20.62	.038	71.09	.79
@PHARMACY	788	2,424	\$	139,630.18	\$	57.60	.401	\$ 177.20	\$ 23.11
PRESCRIPTION DRUGS	781	1,541		136,446.31		88.54	.255	174.71	22.58
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	781	1,541		136,446.31		88.54	.255	174.71	22.58
MEDICAL SUPPLIES	38	883		3,183.87		3.61	.146	83.79	.53
@DENTIST	230	1,338	\$	36,113.20	\$	26.99	.221	\$ 157.01	\$ 5.98
VISITS - DIAGNOSTIC	174	882		13,881.20		15.74	.146	79.78	2.30
ORAL SURGERY	32	56		3,475.00		62.05	.009	108.59	.58
DRUGS	4	7		90.00		12.86	.001	22.50	.01
ANESTHESIA	1	1		100.00		100.00	.000	100.00	.02
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	12	20		3,170.00		158.50	.003	264.17	.52
RESTORATIVE DENTISTRY	94	280		14,257.00		50.92	.046	151.67	2.36
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	2	2		320.00		160.00	.000	160.00	.05
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	20	87		820.00		9.43	.014	41.00	.14
ALL OTHER SERVICES	6	3		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,238 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 BUTTE COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T									

----- MONTHLY AVERAGE -----									
6,043 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	69	185	\$ 4,005.87	\$ 21.65	.031	\$ 58.06	\$.66		
DIAGNOSTIC AND ANC. PROCED	42	44	1,861.43	42.31	.007	44.32	.31		
EYE APPLIANCES	56	141	2,144.44	15.21	.023	38.29	.35		
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00		
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.000	\$ 16.72	\$.00		
VISITS	1	1	16.72	16.72	.000	16.72	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	2	4	\$ 178.57	\$ 44.64	.001	\$ 89.29	\$.03		
MEDICINE/INJECTIONS	2	2	52.36	26.18	.000	26.18	.01		
SURGERY/ANES.	1	2	126.21	63.11	.000	126.21	.02		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	0	0	.00	.00	.000	.00	.00		
@HOME HEALTH AGENCY	4	5	\$ 240.11	\$ 48.02	.001	\$ 60.03	\$.04		
NURSE ANESTHESIST	6	56	\$ 762.35	\$ 13.61	.009	\$ 127.06	\$.13		
NURSE MIDWIFE	11	42	\$ 2,992.38	\$ 71.25	.007	\$ 272.03	\$.50		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
@TOTAL HOSPITAL	493	1,784	\$ 175,893.72	\$ 98.60	.295	\$ 356.78	\$ 29.11		
HOSP INPATIENT TOTAL	22	77	125,640.93	1631.70	.013	5710.95	20.79		
HSC HOSPITALS	4	26	41,518.00	1596.85	.004	10379.50	6.87		
NON-HSC HOSPITAL TOTAL	18	51	84,122.93	1649.47	.008	4673.50	13.92		
ACCOMMODATIONS	18	51	23,069.93	452.35	.008	1281.66	3.82		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	18	51	23,069.93	452.35	.008	1281.66	3.82		
ANCILLARIES	18	0	61,053.00	.00	.000	3391.83	10.10		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		

HOSP OUTPATIENT TOTAL	483	1,707	50,252.79	29.44	.282	104.04	8.32
MEDICAL	279	358	16,475.22	46.02	.059	59.05	2.73
SURGERY	39	48	3,179.00	66.23	.008	81.51	.53
PATHOLOGY	163	529	6,207.26	11.73	.088	38.08	1.03
RADIOLOGY	114	158	6,648.64	42.08	.026	58.32	1.10
ROOM USE	309	381	14,111.16	37.04	.063	45.67	2.34
CROSSOVERS/ALL OTH OUTPTNT	130	233	3,631.51	15.59	.039	27.93	.60
@COUNTY HOSPITAL TOTAL	2	3	110.98	36.99	.000	55.49	.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	3	110.98	36.99	.000	55.49	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	19.40	19.40	.000	19.40	.00
ROOM USE	2	2	91.58	45.79	.000	45.79	.02
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 1,239
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						AID CODES 7A 7C 8R 8T
----- MONTHLY AVERAGE -----							
6,043 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	491	1,781	\$ 175,782.74	\$ 98.70	.295	\$ 358.01	\$ 29.09

COMM HOSP INPATIENT TOTAL	22	77	125,640.93	1631.70	.013	5710.95	20.79
HSC HOSPITALS	4	26	41,518.00	1596.85	.004	10379.50	6.87
NON-HSC HOSPITALS TOTAL	18	51	84,122.93	1649.47	.008	4673.50	13.92
ACCOMMODATIONS	18	51	23,069.93	452.35	.008	1281.66	3.82
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	51	23,069.93	452.35	.008	1281.66	3.82
ANCILLARIES	18	0	61,053.00	.00	.000	3391.83	10.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	481	1,704	50,141.81	29.43	.282	104.24	8.30
MEDICAL	279	358	16,475.22	46.02	.059	59.05	2.73
SURGERY	39	48	3,179.00	66.23	.008	81.51	.53
PATHOLOGY	163	529	6,207.26	11.73	.088	38.08	1.03
RADIOLOGY	113	157	6,629.24	42.22	.026	58.67	1.10
ROOM USE	307	379	14,019.58	36.99	.063	45.67	2.32
CROSSOVERS/ALL OTH OUTPTNT	130	233	3,631.51	15.59	.039	27.93	.60
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	62	1,229.07	19.82	.010	307.27	.20
HOSPITAL BASED	1	9CR	164.00CR	18.22	.001CR	164.00CR	.03CR
INDEPENDENT FACILITY	3	71	1,393.07	19.62	.012	464.36	.23
@LABORATORY FACILITY	71	227	2,986.37	13.16	.038	42.06	.49
PATHOLOGY	71	227	2,986.37	13.16	.038	42.06	.49
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	607	936	93,619.85	100.02	.155	154.23	15.49
CLINIC	33	138	3,676.24	26.64	.023	111.40	.61
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	579	798	89,943.61	112.71	.132	155.34	14.88

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,240
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
6,043 ELIGIBLES							
@ALL OTHER PROVIDERS	506	2,091	\$ 26,651.58	\$ 12.75	.346	\$ 52.67	\$ 4.41
DURABLE MED. EQUIP.	6	251	1,709.98	6.81	.042	285.00	.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	27	572	10,241.57	17.90	.095	379.32	1.69

AMBULANCES/AIR TRANS	27	570	6,641.57	11.65	.094	245.98	1.10
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.60
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.000	105.00	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	60	127	1,054.25	8.30	.021	17.57	.17
PHYSICAL THERAPIST	1	2	51.88	25.94	.000	51.88	.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	8	1,559.76	194.97	.001	519.92	.26
PROSTHETICS	3	8	1,559.76	194.97	.001	519.92	.26
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4	237.46	59.37	.001	237.46	.04
SPEECH AND AUDIOLOGY	12	40	1,320.66	33.02	.007	110.06	.22
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	396	1,078	10,217.50	9.48	.178	25.80	1.69
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	7	48.52	6.93	.001	6.93	.01
@CALIF. CHILDREN SERVICES*	56	590	\$ 95,767.24	\$ 162.32	.098	\$ 1710.13	\$ 15.85
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 1.89	\$ 1.89	.000	\$ 1.89	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,241
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,287	5,682	\$ 216,358.09	\$ 38.08	.000	\$ 168.11	\$.00
@PHYSICIANS SERVICES	234	282	\$ 29,493.40	\$ 104.59	.000	\$ 126.04	\$.00
OUTPATIENT VISITS	163	185	22,909.77	123.84	.000	140.55	.00
OFFICE VISITS	50	52	1,021.25	19.64	.000	20.43	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	127	133	21,888.52	164.58	.000	172.35	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	3	346.42	115.47	.000	115.47	.00
PRINCIPAL SURGEON	3	3	346.42	115.47	.000	115.47	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	10	10		44.12	4.41	.000	4.41	.00
RADIOLOGY	82	84		6,193.09	73.73	.000	75.53	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	61	89	\$	3,454.37	\$ 38.81	.000	\$ 56.63	\$.00
PRESCRIPTION DRUGS	58	83		3,050.93	36.76	.000	52.60	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	58	83		3,050.93	36.76	.000	52.60	.00
MEDICAL SUPPLIES	3	6		403.44	67.24	.000	134.48	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,242
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	579	3,388	\$ 82,229.98	\$ 24.27	.000	\$ 142.02	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	157	293	\$ 13,595.22	\$ 46.40	.000	\$ 86.59	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	157	293	13,595.22	46.40	.000	86.59	.00
MEDICAL	1	1	123.59	123.59	.000	123.59	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	133	233	10,050.30	43.13	.000	75.57	.00
RADIOLOGY	39	40	3,026.45	75.66	.000	77.60	.00
ROOM USE	6	6	211.03	35.17	.000	35.17	.00
CROSSOVERS/ALL OTH OUTPTNT	2	13	183.85	14.14	.000	91.93	.00
@COUNTY HOSPITAL TOTAL	1	2	\$ 42.51	\$ 21.26	.000	\$ 42.51	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	42.51	21.26	.000	42.51	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	6.01	6.01	.000	6.01	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	36.50	36.50	.000	36.50	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,243
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	156	291	\$ 13,552.71	\$ 46.57	.000	\$ 86.88	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	156	291	13,552.71	46.57	.000	86.88	.00
MEDICAL	1	1	123.59	123.59	.000	123.59	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	132	232	10,044.29	43.29	.000	76.09	.00
RADIOLOGY	39	40	3,026.45	75.66	.000	77.60	.00
ROOM USE	5	5	174.53	34.91	.000	34.91	.00
CROSSOVERS/ALL OTH OUTPTNT	2	13	183.85	14.14	.000	91.93	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	404	746	\$	18,062.05	\$	24.21	.000	\$	44.71
PATHOLOGY	404	746		18,062.05		24.21	.000		44.71
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	268	826	\$	63,433.07	\$	76.80	.000	\$	236.69
CLINIC	265	818		62,494.92		76.40	.000		235.83
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	3	8		938.15		117.27	.000		312.72

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,244
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 BUTTE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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----- MONTHLY AVERAGE -----

	57	OR DAYS OF CARE 58	\$	6,090.00	PER UNIT/DAY \$ 105.00	PER ELIG .000	USER \$ 106.84	ELIGIBLE \$.00
@ALL OTHER PROVIDERS	57	58	\$	6,090.00	\$ 105.00	.000	\$ 106.84	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	57	58		6,090.00	105.00	.000	106.84	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,245
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 BUTTE COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,246
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,247
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM	AID CODE 7H

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,248
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,249
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR	MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N	

659 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	499	3,564	\$ 247,090.64	\$ 69.33	5.408	\$ 495.17	\$ 374.95
@PHYSICIANS SERVICES	159	464	\$ 39,690.29	\$ 85.54	.704	\$ 249.62	\$ 60.23
OUTPATIENT VISITS	66	96	8,486.13	88.40	.146	128.58	12.88
OFFICE VISITS	17	20	1,186.28	59.31	.030	69.78	1.80
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	10	493.50	49.35	.015	70.50	.75
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	46	66	6,806.35	103.13	.100	147.96	10.33
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	22	49	2,181.46	44.52	.074	99.16	3.31

HOSPITAL VISITS	22	48	2,048.79	42.68	.073	93.13	3.11
CRITICAL CARE	1	1	132.67	132.67	.002	132.67	.20
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	165	21,337.99	129.32	.250	735.79	32.38
PRINCIPAL SURGEON	23	25	19,469.51	778.78	.038	846.50	29.54
ASSISTANT SURGEON	2	2	373.00	186.50	.003	186.50	.57
ANESTHESIOLOGIST	9	138	1,495.48	10.84	.209	166.16	2.27
OUTPATIENT SURGERY	17	28	3,121.85	111.49	.042	183.64	4.74
PRINCIPAL SURGEON	16	17	2,778.43	163.44	.026	173.65	4.22
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	11	343.42	31.22	.017	85.86	.52
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	21	27	726.77	26.92	.041	34.61	1.10
RADIOLOGY	48	57	2,881.38	50.55	.086	60.03	4.37
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	17	239.88	14.11	.026	47.98	.36
OTHER SERVICES/ALL X-OVERS	11	25	714.83	28.59	.038	64.98	1.08
@PHARMACY	99	189	\$ 6,288.70	\$ 33.27	.287	\$ 63.52	\$ 9.54
PRESCRIPTION DRUGS	99	189	6,288.70	33.27	.287	63.52	9.54
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	99	189	6,288.70	33.27	.287	63.52	9.54
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

659 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	7	\$	345.10	\$ 49.30	.011	\$ 86.28	\$ 1.52
NURSE ANESTHESIST	6	48	\$	753.12	\$ 15.69	.073	\$ 125.52	\$ 1.14
NURSE MIDWIFE	99	1,144	\$	14,344.99	\$ 12.54	1.736	\$ 144.90	\$ 21.77
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	200	890	\$	146,230.94	\$ 164.30	1.351	\$ 731.15	\$ 221.90
HOSP INPATIENT TOTAL	33	148		124,024.76	838.01	.225	3758.33	188.20
HSC HOSPITALS	1	5		6,200.00	1240.00	.008	6200.00	9.41
NON-HSC HOSPITAL TOTAL	32	143		117,824.76	823.95	.217	3682.02	178.79
ACCOMMODATIONS	32	143		50,292.01	351.69	.217	1571.63	76.32
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	32	143		50,292.01	351.69	.217	1571.63	76.32
ANCILLARIES	32	0		67,532.75	.00	.000	2110.40	102.48
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	186	742		22,206.18	29.93	1.126	119.39	33.70
MEDICAL	32	44		3,350.02	76.14	.067	104.69	5.08
SURGERY	18	25		937.92	37.52	.038	52.11	1.42
PATHOLOGY	126	378		5,879.03	15.55	.574	46.66	8.92
RADIOLOGY	55	60		4,246.72	70.78	.091	77.21	6.44
ROOM USE	74	136		5,698.54	41.90	.206	77.01	8.65
CROSSOVERS/ALL OTH OUTPTNT	48	99		2,093.95	21.15	.150	43.62	3.18
@COUNTY HOSPITAL TOTAL	7	69	\$	2,830.73	\$ 41.03	.105	\$ 404.39	\$ 4.30
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	69		2,830.73	41.03	.105	404.39	4.30
MEDICAL	2	3		293.44	97.81	.005	146.72	.45
SURGERY	6	9		246.70	27.41	.014	41.12	.37
PATHOLOGY	4	22		620.70	28.21	.033	155.18	.94
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	5	16		1,027.32	64.21	.024	205.46	1.56
CROSSOVERS/ALL OTH OUTPTNT	6	19		642.57	33.82	.029	107.10	.98

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,251
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

659 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	194	821	\$ 143,400.21	\$ 174.67	1.246	\$ 739.18	\$ 217.60
COMM HOSP INPATIENT TOTAL	33	148	124,024.76	838.01	.225	3758.33	188.20
HSC HOSPITALS	1	5	6,200.00	1240.00	.008	6200.00	9.41
NON-HSC HOSPITALS TOTAL	32	143	117,824.76	823.95	.217	3682.02	178.79
ACCOMMODATIONS	32	143	50,292.01	351.69	.217	1571.63	76.32
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	32	143		50,292.01	351.69	.217	1571.63	76.32
ANCILLARIES	32	0		67,532.75	.00	.000	2110.40	102.48
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	180	673		19,375.45	28.79	1.021	107.64	29.40
MEDICAL	30	41		3,056.58	74.55	.062	101.89	4.64
SURGERY	12	16		691.22	43.20	.024	57.60	1.05
PATHOLOGY	122	356		5,258.33	14.77	.540	43.10	7.98
RADIOLOGY	55	60		4,246.72	70.78	.091	77.21	6.44
ROOM USE	69	120		4,671.22	38.93	.182	67.70	7.09
CROSSOVERS/ALL OTH OUTPTNT	42	80		1,451.38	18.14	.121	34.56	2.20
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	88	218	\$	4,476.73	\$ 20.54	.331	\$ 50.87	\$ 6.79
PATHOLOGY	88	218		4,476.73	20.54	.331	50.87	6.79
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	125	506	\$	29,343.84	\$ 57.99	.768	\$ 234.75	\$ 44.53
CLINIC	79	424		17,825.06	42.04	.643	225.63	27.05
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	47	82		11,518.78	140.47	.124	245.08	17.48

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,252
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	659 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	23	98	\$	5,616.93	\$ 57.32	.149	\$ 244.21	\$ 8.52
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	78		3,516.93	45.09	.118	1172.31	5.34
AMBULANCES/AIR TRANS	3	77		1,716.93	22.30	.117	572.31	2.61
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.002	1800.00	2.73
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	20	20		2,100.00	105.00	.030	105.00	3.19

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,253
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38	

5,729 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,615	13,216	\$ 763,383.47	\$ 57.76	2.307	\$ 211.17	\$ 133.25
@PHYSICIANS SERVICES	612	1,286	\$ 58,094.25	\$ 45.17	.224	\$ 94.93	\$ 10.14
OUTPATIENT VISITS	313	375	15,926.84	42.47	.065	50.88	2.78
OFFICE VISITS	216	248	8,304.15	33.48	.043	38.45	1.45
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	83	96	5,348.79	55.72	.017	64.44	.93
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	17	29	2,224.76	76.72	.005	130.87	.39
OTHER OUTPATIENT	2	2	49.14	24.57	.000	24.57	.01
INPATIENT VISITS	30	111	10,452.68	94.17	.019	348.42	1.82
HOSPITAL VISITS	29	73	3,559.78	48.76	.013	122.75	.62
CRITICAL CARE	4	38	6,892.90	181.39	.007	1723.23	1.20
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	18	21	802.08	38.19	.004	44.56	.14
EXAMINATIONS	17	20	773.85	38.69	.003	45.52	.14
SERVICES AND MATERIALS	1	1	28.23	28.23	.000	28.23	.00
INPATIENT HOSPITAL SURGERY	12	45	5,234.40	116.32	.008	436.20	.91
PRINCIPAL SURGEON	9	9	4,419.88	491.10	.002	491.10	.77
ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	.03
ANESTHESIOLOGIST	4	35	628.02	17.94	.006	157.01	.11
OUTPATIENT SURGERY	57	233	10,535.39	45.22	.041	184.83	1.84
PRINCIPAL SURGEON	45	67	7,855.65	117.25	.012	174.57	1.37
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	17	166	2,679.74	16.14	.029	157.63	.47
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	23	41	840.32	20.50	.007	36.54	.15
RADIOLOGY	238	336	9,005.29	26.80	.059	37.84	1.57
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	11	15		1,477.18	98.48	.003	134.29	.26
OTHER SERVICES/ALL X-OVERS	74	109		3,820.07	35.05	.019	51.62	.67
@PHARMACY	1,703	4,081	\$	204,500.30	\$ 50.11	.712	\$ 120.08	\$ 35.70
PRESCRIPTION DRUGS	1,689	3,798		200,994.39	52.92	.663	119.00	35.08
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1,689	3,798		200,994.39	52.92	.663	119.00	35.08
MEDICAL SUPPLIES	44	283		3,505.91	12.39	.049	79.68	.61
@DENTIST	220	1,229	\$	35,804.69	\$ 29.13	.215	\$ 162.75	\$ 6.25
VISITS - DIAGNOSTIC	167	804		11,291.90	14.04	.140	67.62	1.97
ORAL SURGERY	28	67		2,961.00	44.19	.012	105.75	.52
DRUGS	7	7		150.00	21.43	.001	21.43	.03
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.02
PERIODONTICS	2	2		236.00	118.00	.000	118.00	.04
ENDODONTICS	23	56		5,964.45	106.51	.010	259.32	1.04
RESTORATIVE DENTISTRY	73	260		13,660.34	52.54	.045	187.13	2.38
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3		330.00	110.00	.001	165.00	.06
SPACE MAINTAINERS	3	4		351.00	87.75	.001	117.00	.06
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	10	11		610.00	55.45	.002	61.00	.11
ALL OTHER SERVICES	8	14		150.00	10.71	.002	18.75	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 1,254
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES							
	AID CODE 38							
	----- MONTHLY AVERAGE -----							
5,729 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	58	134	\$	3,230.41	\$ 24.11	.023	\$ 55.70	\$.56
DIAGNOSTIC AND ANC. PROCED	36	38		1,606.17	42.27	.007	44.62	.28
EYE APPLIANCES	38	94		1,474.77	15.69	.016	38.81	.26
OTHER OPTOMETRIC SERVICES	2	2		149.47	74.74	.000	74.74	.03

@CHIROPRACTOR	2	4	\$	66.88	\$	16.72	.001	\$	33.44	\$	.01
VISITS	2	4		66.88		16.72	.001		33.44		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	24.00	\$	24.00	.000	\$	24.00	\$	.00
MEDICINE/INJECTIONS	1	1		24.00		24.00	.000		24.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	3	\$	179.85	\$	59.95	.001	\$	89.93	\$	.03
NURSE ANESTHESIST	4	25	\$	346.57	\$	13.86	.004	\$	86.64	\$	.06
NURSE MIDWIFE	24	93	\$	3,070.23	\$	33.01	.016	\$	127.93	\$	.54
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	26.18	\$	26.18	.000	\$	26.18	\$	.00
@TOTAL HOSPITAL	904	3,192	\$	271,539.02	\$	85.07	.557	\$	300.38	\$	47.40
HOSP INPATIENT TOTAL	31	120		176,089.03		1467.41	.021		5680.29		30.74
HSC HOSPITALS	3	43		69,640.00		1619.53	.008		23213.33		12.16
NON-HSC HOSPITAL TOTAL	28	77		106,449.03		1382.45	.013		3801.75		18.58
ACCOMMODATIONS	28	77		35,389.59		459.61	.013		1263.91		6.18
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	28	77		35,389.59		459.61	.013		1263.91		6.18
ANCILLARIES	28	0		71,059.44		.00	.000		2537.84		12.40
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	892	3,072		95,449.99		31.07	.536		107.01		16.66
MEDICAL	541	722		32,104.17		44.47	.126		59.34		5.60
SURGERY	50	64		3,144.86		49.14	.011		62.90		.55
PATHOLOGY	264	843		12,078.55		14.33	.147		45.75		2.11
RADIOLOGY	172	228		12,345.92		54.15	.040		71.78		2.15
ROOM USE	632	805		29,834.62		37.06	.141		47.21		5.21
CROSSOVERS/ALL OTH OUTPTNT	233	410		5,941.87		14.49	.072		25.50		1.04
@COUNTY HOSPITAL TOTAL	3	21	\$	591.05	\$	28.15	.004	\$	197.02	\$	.10
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	21		591.05		28.15	.004		197.02		.10
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	2		59.22		29.61	.000		59.22		.01
PATHOLOGY	2	9		151.29		16.81	.002		75.65		.03
RADIOLOGY	1	1		26.44		26.44	.000		26.44		.00
ROOM USE	3	6		328.21		54.70	.001		109.40		.06
CROSSOVERS/ALL OTH OUTPTNT	1	3		25.89		8.63	.001		25.89		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,255
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	5,729 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	901	3,171	\$	270,947.97	\$ 85.45	.553	\$ 300.72	\$ 47.29

COMM HOSP INPATIENT TOTAL	31	120		176,089.03	1467.41	.021	5680.29	30.74
HSC HOSPITALS	3	43		69,640.00	1619.53	.008	23213.33	12.16
NON-HSC HOSPITALS TOTAL	28	77		106,449.03	1382.45	.013	3801.75	18.58
ACCOMMODATIONS	28	77		35,389.59	459.61	.013	1263.91	6.18
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	28	77		35,389.59	459.61	.013	1263.91	6.18
ANCILLARIES	28	0		71,059.44	.00	.000	2537.84	12.40
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	889	3,051		94,858.94	31.09	.533	106.70	16.56
MEDICAL	541	722		32,104.17	44.47	.126	59.34	5.60
SURGERY	49	62		3,085.64	49.77	.011	62.97	.54
PATHOLOGY	262	834		11,927.26	14.30	.146	45.52	2.08
RADIOLOGY	171	227		12,319.48	54.27	.040	72.04	2.15
ROOM USE	629	799		29,506.41	36.93	.139	46.91	5.15
CROSSOVERS/ALL OTH OUTPTNT	232	407		5,915.98	14.54	.071	25.50	1.03
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	23	\$	871.11	\$ 37.87	.004	\$ 217.78	\$.15
HOSPITAL BASED	4	23		871.11	37.87	.004	217.78	.15
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	143	373	\$	6,030.72	\$ 16.17	.065	\$ 42.17	\$ 1.05
PATHOLOGY	143	373		6,030.72	16.17	.065	42.17	1.05
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,019	1,475	\$	158,391.14	\$ 107.38	.257	\$ 155.44	\$ 27.65
CLINIC	63	173		5,257.37	30.39	.030	83.45	.92
SURGICENTER	4	33		1,125.45	34.10	.006	281.36	.20
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	958	1,269		152,008.32	119.79	.222	158.67	26.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 1,256
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38							

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
5,729 ELIGIBLES							
@ALL OTHER PROVIDERS	413	1,296	\$ 21,208.12	\$ 16.36	.226	\$ 51.35	\$ 3.70
DURABLE MED. EQUIP.	16	47	2,105.64	44.80	.008	131.60	.37
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.000	25.00	.00
MEDICAL TRANSPORTATION	35	308	8,150.40	26.46	.054	232.87	1.42

AMBULANCES/AIR TRANS	35	306	6,340.52	20.72	.053	181.16	1.11
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	1,809.88	904.94	.000	904.94	.32
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	6	6	630.00	105.00	.001	105.00	.11
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	46	105	936.23	8.92	.018	20.35	.16
PHYSICAL THERAPIST	2	22	303.72	13.81	.004	151.86	.05
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	22.26	22.26	.000	22.26	.00
PROSTHETICS	1	1	22.26	22.26	.000	22.26	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4	235.27	58.82	.001	235.27	.04
SPEECH AND AUDIOLOGY	30	61	2,342.85	38.41	.011	78.10	.41
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	274	739	6,440.73	8.72	.129	23.51	1.12
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	16.02	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	8	963	\$ 61,788.13	\$ 64.16	.168	\$ 7723.52	\$ 10.79
@XOVER EXCLUDING STATE HOSP**	2	3	\$ 14.35	\$ 4.78	.001	\$ 7.18	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,257
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

658 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	299	1,396	\$ 71,363.00	\$ 51.12	2.122	\$ 238.67	\$ 108.45
@PHYSICIANS SERVICES	68	121	\$ 7,263.58	\$ 60.03	.184	\$ 106.82	\$ 11.04
OUTPATIENT VISITS	38	47	1,731.40	36.84	.071	45.56	2.63
OFFICE VISITS	26	31	1,071.78	34.57	.047	41.22	1.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	9	360.96	40.11	.014	45.12	.55
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	113.26	113.26	.002	113.26	.17
OTHER OUTPATIENT	5	6	185.40	30.90	.009	37.08	.28
INPATIENT VISITS	1	3	113.35	37.78	.005	113.35	.17
HOSPITAL VISITS	1	3	113.35	37.78	.005	113.35	.17
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	3	1,647.76	549.25	.005	823.88	2.50
PRINCIPAL SURGEON	2	2	1,554.68	777.34	.003	777.34	2.36
ASSISTANT SURGEON	1	1	93.08	93.08	.002	93.08	.14
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	5	983.88	196.78	.008	327.96	1.50
PRINCIPAL SURGEON	3	5	983.88	196.78	.008	327.96	1.50

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	6	165.83	27.64	.009	33.17	.25
RADIOLOGY	23	28	766.70	27.38	.043	33.33	1.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	14	29	1,854.66	63.95	.044	132.48	2.82
@PHARMACY	173	500	\$ 28,957.01	\$ 57.91	.760	\$ 167.38	\$ 44.01
PRESCRIPTION DRUGS	173	498	28,980.08	58.19	.757	167.51	44.04
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	173	498	28,980.08	58.19	.757	167.51	44.04
MEDICAL SUPPLIES	1	2	23.07CR	11.54CR	.003	23.07CR	.04CR
@DENTIST	11	72	\$ 3,484.40	\$ 48.39	.109	\$ 316.76	\$ 5.30
VISITS - DIAGNOSTIC	7	44	681.40	15.49	.067	97.34	1.04
ORAL SURGERY	1	2	83.00	41.50	.003	83.00	.13
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	260.00	260.00	.002	260.00	.40
RESTORATIVE DENTISTRY	7	19	1,906.00	100.32	.029	272.29	2.90
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	4	219.00	54.75	.006	219.00	.33
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	300.00	300.00	.002	300.00	.46
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.002	35.00	.05
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
BUTTE COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P						
	PAGE 1,258						
	03/14/05						

658 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	15	45	\$ 867.30	\$ 19.27	.068	\$ 57.82	\$ 1.32	
DIAGNOSTIC AND ANC. PROCED	9	11	387.00	35.18	.017	43.00	.59	
EYE APPLIANCES	12	34	480.30	14.13	.052	40.03	.73	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	1	7	\$ 95.98	\$ 13.71	.011	\$ 95.98	\$.15	
NURSE MIDWIFE	2	7	\$ 217.84	\$ 31.12	.011	\$ 108.92	\$.33	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	87	312	\$ 13,998.78	\$ 44.87	.474	\$ 160.91	\$ 21.27	
HOSP INPATIENT TOTAL	3	4	4,916.44	1229.11	.006	1638.81	7.47	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	3	4	4,916.44	1229.11	.006	1638.81	7.47	
ACCOMMODATIONS	3	4	825.71	206.43	.006	275.24	1.25	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	4	825.71	206.43	.006	275.24	1.25
ANCILLARIES	3	0	4,090.73	.00	.000	1363.58	6.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	85	308	9,082.34	29.49	.468	106.85	13.80
MEDICAL	48	69	3,201.43	46.40	.105	66.70	4.87
SURGERY	8	13	763.54	58.73	.020	95.44	1.16
PATHOLOGY	26	98	871.33	8.89	.149	33.51	1.32
RADIOLOGY	15	18	1,130.66	62.81	.027	75.38	1.72
ROOM USE	56	64	2,257.19	35.27	.097	40.31	3.43
CROSSOVERS/ALL OTH OUTPTNT	28	46	858.19	18.66	.070	30.65	1.30
@COUNTY HOSPITAL TOTAL	2	5	\$ 149.34	\$ 29.87	.008	\$ 74.67	\$.23
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	149.34	29.87	.008	74.67	.23
MEDICAL	1	1	67.99	67.99	.002	67.99	.10
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	72.48	36.24	.003	36.24	.11
CROSSOVERS/ALL OTH OUTPTNT	1	2	8.87	4.44	.003	8.87	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,259

658 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	85	307	\$ 13,849.44	\$ 45.11	.467	\$ 162.93	\$ 21.05
COMM HOSP INPATIENT TOTAL	3	4	4,916.44	1229.11	.006	1638.81	7.47
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	4	4,916.44	1229.11	.006	1638.81	7.47
ACCOMMODATIONS	3	4	825.71	206.43	.006	275.24	1.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	4	825.71	206.43	.006	275.24	1.25
ANCILLARIES	3	0	4,090.73	.00	.000	1363.58	6.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	83	303	8,933.00	29.48	.460	107.63	13.58
MEDICAL	47	68	3,133.44	46.08	.103	66.67	4.76
SURGERY	8	13	763.54	58.73	.020	95.44	1.16
PATHOLOGY	26	98	871.33	8.89	.149	33.51	1.32
RADIOLOGY	15	18	1,130.66	62.81	.027	75.38	1.72
ROOM USE	54	62	2,184.71	35.24	.094	40.46	3.32
CROSSOVERS/ALL OTH OUTPTNT	27	44	849.32	19.30	.067	31.46	1.29
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$ 49.77	\$ 49.77	.002	\$ 49.77	\$.08
HOSPITAL BASED	1	1	49.77	49.77	.002	49.77	.08
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	16	70	\$ 1,106.33	\$ 15.80	.106	\$ 69.15	\$ 1.68
PATHOLOGY	16	70	1,106.33	15.80	.106	69.15	1.68
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	80	121	\$ 13,498.24	\$ 111.56	.184	\$ 168.73	\$ 20.51
CLINIC	6	10	440.63	44.06	.015	73.44	.67
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	75	111	13,057.61	117.64	.169	174.10	19.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
BUTTE COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P						

658 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

UNITS/DAYS

COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	33	140	\$	1,823.77	\$ 13.03	.213	\$ 55.27	\$ 2.77
DURABLE MED. EQUIP.	1	1		99.99	99.99	.002	99.99	.15
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	61		788.19	12.92	.093	197.05	1.20
AMBULANCES/AIR TRANS	4	61		788.19	12.92	.093	197.05	1.20
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	16	44		367.53	8.35	.067	22.97	.56
PHYSICAL THERAPIST	1	5		86.79	17.36	.008	86.79	.13
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	8		347.53	43.44	.012	173.77	.53
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	21		133.74	6.37	.032	14.86	.20
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	10	22	\$	753.93	\$ 34.27	.033	\$ 75.39	\$ 1.15
@XOVER EXCLUDING STATE HOSP**	2	4	\$	40.52	\$ 10.13	.006	\$ 20.26	\$.06

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,261
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 BUTTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

472 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	491	12,454	\$ 758,226.74	\$ 60.88	26.386	\$ 1544.25	\$ 1606.41
@PHYSICIANS SERVICES	67	143	\$ 2,063.22	\$ 14.43	.303	\$ 30.79	\$ 4.37
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	67	143		2,063.22	14.43	.303	30.79	4.37
@PHARMACY	363	2,566	\$	126,976.21	\$ 49.48	5.436	\$ 349.80	\$ 269.02
PRESCRIPTION DRUGS	354	1,906		125,612.76	65.90	4.038	354.84	266.13
SNF/ICF	168	1,281		77,846.88	60.77	2.714	463.37	164.93
OUTPATIENTS	187	625		47,765.88	76.43	1.324	255.43	101.20
MEDICAL SUPPLIES	20	660		1,363.45	2.07	1.398	68.17	2.89
@DENTIST	21	88	\$	1,831.30	\$ 20.81	.186	\$ 87.20	\$ 3.88
VISITS - DIAGNOSTIC	19	71		813.55	11.46	.150	42.82	1.72
ORAL SURGERY	3	3		132.75	44.25	.006	44.25	.28
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	2		118.00	59.00	.004	118.00	.25
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	10		562.00	56.20	.021	187.33	1.19
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	2		205.00	102.50	.004	102.50	.43
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,262
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

472 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	35	\$ 675.22	\$ 19.29	.074	\$ 48.23	\$ 1.43
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	10	28	446.06	15.93	.059	44.61	.95
OTHER OPTOMETRIC SERVICES	5	7	229.16	32.74	.015	45.83	.49
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	10	\$ 83.77	\$ 8.38	.021	\$ 9.31	\$.18
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	9	10	83.77	8.38	.021	9.31	.18
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	57	156	\$	13,613.89	\$	87.27	.331	\$	238.84	\$	28.84
HOSP INPATIENT TOTAL	10	5		11,037.37		2207.47	.011		1103.74		23.38
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	5		4,725.18		945.04	.011		4725.18		10.01
ACCOMMODATIONS	1	5		2,507.40		501.48	.011		2507.40		5.31
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	5		2,507.40		501.48	.011		2507.40		5.31
ANCILLARIES	1	0		2,217.78		.00	.000		2217.78		4.70
INPATIENT CROSSOVERS	9	0		6,312.19		.00	.000		701.35		13.37
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	51	151		2,576.52		17.06	.320		50.52		5.46
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		7.27		7.27	.002		7.27		.02
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	50	150		2,569.25		17.13	.318		51.39		5.44
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,263
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

472 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	57	156	\$ 13,613.89	\$ 87.27	.331	\$ 238.84	\$ 28.84
COMM HOSP INPATIENT TOTAL	10	5	11,037.37	2207.47	.011	1103.74	23.38
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	5	4,725.18	945.04	.011	4725.18	10.01
ACCOMMODATIONS	1	5	2,507.40	501.48	.011	2507.40	5.31
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	2,507.40	501.48	.011	2507.40	5.31
ANCILLARIES	1	0	2,217.78	.00	.000	2217.78	4.70
INPATIENT CROSSOVERS	9	0	6,312.19	.00	.000	701.35	13.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	51	151	2,576.52	17.06	.320	50.52	5.46
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		7.27	7.27	.002	7.27	.02
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	50	150		2,569.25	17.13	.318	51.39	5.44
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	175	4,751	\$	597,896.49	\$ 125.85	10.066	\$ 3416.55	\$ 1266.73
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	175	4,751		597,896.49	125.85	10.066	3416.55	1266.73
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	52	73	\$	2,976.13	\$ 40.77	.155	\$ 57.23	\$ 6.31
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
BUTTE COUNTY

52 73 2,976.13 40.77 .155 57.23 6.31
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

AID CODE 1E
----- MONTHLY AVERAGE -----
PAGE 1,264
03/14/05

472 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	89	4,632	\$ 12,110.51	\$ 2.61	9.814	\$ 136.07	\$ 25.66
DURABLE MED. EQUIP.	7	85	3,626.30	42.66	.180	518.04	7.68
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	14	399.80	28.56	.030	57.11	.85
MEDICAL TRANSPORTATION	30	624	2,042.10	3.27	1.322	68.07	4.33
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	30	623	2,030.24	3.26	1.320	67.67	4.30
OTHER SERVICES	1	1	11.86	11.86	.002	11.86	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	3	61	4,244.38	69.58	.129	1414.79	8.99
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	21	246.01	11.71	.044	27.33	.52
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	4	1.98	.50	.008	.66	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	39	3,823	1,549.94	.41	8.100	39.74	3.28
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* XOVER EXCLUDING STATE HOSP**	182	2,815	\$ 42,434.53	\$ 15.07	5.964	\$ 233.16	\$ 89.90

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,265
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

62 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	64	1,167	\$ 105,187.05	\$ 90.13	18.823	\$ 1643.55	\$ 1696.57
@PHYSICIANS SERVICES	23	72	\$ 603.62	\$ 8.38	1.161	\$ 26.24	\$ 9.74
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	2	55.00	27.50	.032	55.00	.89

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	2	55.00	27.50	.032	55.00	.89
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.016	46.44	.75
EXAMINATIONS	1	1	46.44	46.44	.016	46.44	.75
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	69	502.18	7.28	1.113	23.91	8.10
@PHARMACY	46	343	\$ 16,896.46	\$ 49.26	5.532	\$ 367.31	\$ 272.52
PRESCRIPTION DRUGS	45	329	16,083.44	48.89	5.306	357.41	259.41
SNF/ICF	22	151	6,998.73	46.35	2.435	318.12	112.88
OUTPATIENTS	23	178	9,084.71	51.04	2.871	394.99	146.53
MEDICAL SUPPLIES	7	14	813.02	58.07	.226	116.15	13.11
@DENTIST	1	1	\$ 25.00	\$ 25.00	.016	\$ 25.00	\$.40
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.016	25.00	.40
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,266
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

					----- MONTHLY AVERAGE -----		
62 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	18	117	\$	6,543.87	\$	55.93	1.887	\$ 363.55	\$ 105.55
HOSP INPATIENT TOTAL	4	0		5,045.19		.00	.000	1261.30	81.37
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	4	0		5,045.19		.00	.000	1261.30	81.37
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	18	117		1,498.68		12.81	1.887	83.26	24.17
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	1	2		28.54		14.27	.032	28.54	.46
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	18	115		1,470.14		12.78	1.855	81.67	23.71
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,267
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

	62 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18		117	\$ 6,543.87	\$ 55.93	1.887	\$ 363.55	\$ 105.55
COMM HOSP INPATIENT TOTAL	4		0	5,045.19	.00	.000	1261.30	81.37
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	0	5,045.19	.00	.000	1261.30	81.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	18	117	1,498.68	12.81	1.887	83.26	24.17
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	28.54	14.27	.032	28.54	.46
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	18	115	1,470.14	12.78	1.855	81.67	23.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	14	329	\$ 39,373.35	\$ 119.68	5.306	\$ 2812.38	\$ 635.05
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	14	329	39,373.35	119.68	5.306	2812.38	635.05
@INTERMEDIATE CARE FACIL.--DD	9	245	\$ 40,045.25	\$ 163.45	3.952	\$ 4449.47	\$ 645.89
ICF DDH	9	245	40,045.25	163.45	3.952	4449.47	645.89
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$ 445.41	\$ 445.41	.016	\$ 445.41	\$ 7.18
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	445.41	445.41	.016	445.41	7.18
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	5	\$ 292.30	\$ 58.46	.081	\$ 73.08	\$ 4.71
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	5	292.30	58.46	.081	73.08	4.71

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,268
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

62 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	14	54	\$ 961.79	\$ 17.81	.871	\$ 68.70	\$ 15.51
DURABLE MED. EQUIP.	1	1	79.50	79.50	.016	79.50	1.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	24.50	24.50	.016	24.50	.40
MEDICAL TRANSPORTATION	6	22	177.28	8.06	.355	29.55	2.86
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	6	21	165.42	7.88	.339	27.57	2.67
OTHER SERVICES	1	1	11.86	11.86	.016	11.86	.19
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC,MODEL-NF,NF,AIDS,MSSP	1	16	470.56	29.41	.258	470.56	7.59
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	8	149.84	18.73	.129	74.92	2.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	6	60.11	10.02	.097	20.04	.97
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	32	192	8,875.83	46.23	3.097	277.37	143.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,269
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E	

3,034 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,403	42,002	\$ 2,050,443.08	\$ 48.82	13.844	\$ 853.28	\$ 675.82
@PHYSICIANS SERVICES	430	1,437	\$ 43,920.24	\$ 30.56	.474	\$ 102.14	\$ 14.48
OUTPATIENT VISITS	123	161	5,943.69	36.92	.053	48.32	1.96
OFFICE VISITS	94	122	3,904.73	32.01	.040	41.54	1.29

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	19	23		1,620.43	70.45	.008	85.29	.53
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	12	16		418.53	26.16	.005	34.88	.14
INPATIENT VISITS	31	117		6,338.82	54.18	.039	204.48	2.09
HOSPITAL VISITS	30	108		5,007.68	46.37	.036	166.92	1.65
CRITICAL CARE	1	8		1,303.64	162.96	.003	1303.64	.43
SNF/ICF/TRANS IP CARE	1	1		27.50	27.50	.000	27.50	.01
OPHTHALMOLOGICAL SERVICES	9	13		499.04	38.39	.004	55.45	.16
EXAMINATIONS	9	13		499.04	38.39	.004	55.45	.16
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	17	193		11,610.49	60.16	.064	682.97	3.83
PRINCIPAL SURGEON	14	26		8,579.62	329.99	.009	612.83	2.83
ASSISTANT SURGEON	1	1		374.53	374.53	.000	374.53	.12
ANESTHESIOLOGIST	8	166		2,656.34	16.00	.055	332.04	.88
OUTPATIENT SURGERY	16	24		2,072.78	86.37	.008	129.55	.68
PRINCIPAL SURGEON	15	17		1,911.38	112.43	.006	127.43	.63
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7		161.40	23.06	.002	161.40	.05
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	11	32		931.96	29.12	.011	84.72	.31
RADIOLOGY	108	213		7,514.78	35.28	.070	69.58	2.48
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	17		179.30	10.55	.006	22.41	.06
OTHER SERVICES/ALL X-OVERS	219	667		8,829.38	13.24	.220	40.32	2.91
@PHARMACY	1,694	18,514	\$	777,173.37	\$ 41.98	6.102	\$ 458.78	\$ 256.15
PRESCRIPTION DRUGS	1,647	7,575		758,286.82	100.10	2.497	460.40	249.93
SNF/ICF	192	1,589		121,567.71	76.51	.524	633.17	40.07
OUTPATIENTS	1,466	5,986		636,719.11	106.37	1.973	434.32	209.86
MEDICAL SUPPLIES	189	10,939		18,886.55	1.73	3.605	99.93	6.22
@DENTIST	87	450	\$	18,128.00	\$ 40.28	.148	\$ 208.37	\$ 5.97
VISITS - DIAGNOSTIC	58	246		3,333.00	13.55	.081	57.47	1.10
ORAL SURGERY	16	51		2,555.00	50.10	.017	159.69	.84
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.03
PERIODONTICS	5	6		664.00	110.67	.002	132.80	.22
ENDODONTICS	5	11		2,316.00	210.55	.004	463.20	.76
RESTORATIVE DENTISTRY	26	67		3,990.00	59.55	.022	153.46	1.32
PROSTHETICS	3	3		90.00	30.00	.001	30.00	.03
DENTURES, STAYPLATES	13	64		5,080.00	79.38	.021	390.77	1.67
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1		.00	.00	.000	.00	.00
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
FEE-FOR-SERVICE/DENTAL								
SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E								
----- MONTHLY AVERAGE -----								
3,034 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	65	170	\$ 3,669.70	\$ 21.59	.056	\$ 56.46	\$ 1.21	
DIAGNOSTIC AND ANC. PROCED	33	35	1,477.22	42.21	.012	44.76	.49	
EYE APPLIANCES	47	131	2,031.47	15.51	.043	43.22	.67	
OTHER OPTOMETRIC SERVICES	5	4	161.01	40.25	.001	32.20	.05	

@CHIROPRACTOR	2	2	\$	33.44	\$	16.72	.001	\$	16.72	\$	.01
VISITS	2	2		33.44		16.72	.001		16.72		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	19	54	\$	322.35	\$	5.97	.018	\$	16.97	\$	.11
MEDICINE/INJECTIONS	2	2		50.18		25.09	.001		25.09		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.001		34.60		.01
OTHER	17	50		237.57		4.75	.016		13.97		.08
@HOME HEALTH AGENCY	6	31	\$	1,660.99	\$	53.58	.010	\$	276.83	\$	.55
NURSE ANESTHESIST	3	28	\$	259.36	\$	9.26	.009	\$	86.45	\$	.09
NURSE MIDWIFE	1	3	\$	184.20	\$	61.40	.001	\$	184.20	\$	.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	4	\$	57.28	\$	14.32	.001	\$	19.09	\$	.02
@TOTAL HOSPITAL	391	2,184	\$	333,774.67	\$	152.83	.720	\$	853.64	\$	110.01
HOSP INPATIENT TOTAL	29	108		259,066.85		2398.77	.036		8933.34		85.39
HSC HOSPITALS	3	42		66,819.00		1590.93	.014		22273.00		22.02
NON-HSC HOSPITAL TOTAL	12	66		168,811.85		2557.76	.022		14067.65		55.64
ACCOMMODATIONS	12	66		41,182.93		623.98	.022		3431.91		13.57
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	66		41,182.93		623.98	.022		3431.91		13.57
ANCILLARIES	12	0		127,628.92		.00	.000		10635.74		42.07
INPATIENT CROSSOVERS	14	0		23,436.00		.00	.000		1674.00		7.72
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	379	2,076		74,707.82		35.99	.684		197.12		24.62
MEDICAL	101	190		7,755.05		40.82	.063		76.78		2.56
SURGERY	17	24		702.22		29.26	.008		41.31		.23
PATHOLOGY	112	530		5,352.28		10.10	.175		47.79		1.76
RADIOLOGY	74	124		11,747.97		94.74	.041		158.76		3.87
ROOM USE	101	155		5,892.04		38.01	.051		58.34		1.94
CROSSOVERS/ALL OTH OUTPTNT	217	1,053		43,258.26		41.08	.347		199.35		14.26
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	3,034 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		391	2,184	\$ 333,774.67	\$ 152.83	.720	\$ 853.64	\$ 110.01

COMM HOSP INPATIENT TOTAL	29	108		259,066.85	2398.77	.036	8933.34	85.39
HSC HOSPITALS	3	42		66,819.00	1590.93	.014	22273.00	22.02
NON-HSC HOSPITALS TOTAL	12	66		168,811.85	2557.76	.022	14067.65	55.64
ACCOMMODATIONS	12	66		41,182.93	623.98	.022	3431.91	13.57
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	66		41,182.93	623.98	.022	3431.91	13.57
ANCILLARIES	12	0		127,628.92	.00	.000	10635.74	42.07
INPATIENT CROSSOVERS	14	0		23,436.00	.00	.000	1674.00	7.72
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	379	2,076		74,707.82	35.99	.684	197.12	24.62
MEDICAL	101	190		7,755.05	40.82	.063	76.78	2.56
SURGERY	17	24		702.22	29.26	.008	41.31	.23
PATHOLOGY	112	530		5,352.28	10.10	.175	47.79	1.76
RADIOLOGY	74	124		11,747.97	94.74	.041	158.76	3.87
ROOM USE	101	155		5,892.04	38.01	.051	58.34	1.94
CROSSOVERS/ALL OTH OUTPTNT	217	1,053		43,258.26	41.08	.347	199.35	14.26
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	166	4,420	\$	563,413.98	127.47	1.457	3394.06	185.70
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	166	4,420		563,413.98	127.47	1.457	3394.06	185.70
@INTERMEDIATE CARE FACIL.-DD	21	652	\$	120,678.83	185.09	.215	5746.61	39.78
ICF DDH	15	503		87,898.79	174.75	.166	5859.92	28.97
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	6	149		32,780.04	220.00	.049	5463.34	10.80
@HEMODIALYSIS TOTAL	14	23	\$	6,724.39	292.36	.008	480.31	2.22
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	14	23		6,724.39	292.36	.008	480.31	2.22
@REHABILITATION FACILITY	19	189	\$	3,260.89	17.25	.062	171.63	1.07
HOSPITAL BASED	3	10		264.83	26.48	.003	88.28	.09
INDEPENDENT FACILITY	16	179		2,996.06	16.74	.059	187.25	.99
@LABORATORY FACILITY	54	235	\$	3,850.30	16.38	.077	71.30	1.27
PATHOLOGY	54	235		3,850.30	16.38	.077	71.30	1.27
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	427	689	\$	66,726.32	96.85	.227	156.27	21.99
CLINIC	10	17		2,627.75	154.57	.006	262.78	.87
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	18		213.11	11.84	.006	213.11	.07
RURAL HEALTH CLINIC	418	654		63,885.46	97.68	.216	152.84	21.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 1,272
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E							

----- MONTHLY AVERAGE -----								
3,034 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	387	12,917	\$ 106,604.77	\$ 8.25	4.257	\$ 275.46	\$ 35.14	
DURABLE MED. EQUIP.	28	188	14,015.14	74.55	.062	500.54	4.62	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	11	18	2,651.50	147.31	.006	241.05	.87	
MEDICAL TRANSPORTATION	90	2,642	19,789.57	7.49	.871	219.88	6.52	

AMBULANCES/AIR TRANS	40	375	6,595.17	17.59	.124	164.88	2.17
OTHER TRANS	49	2,256	11,205.30	4.97	.744	228.68	3.69
OTHER SERVICES	6	11	1,989.10	180.83	.004	331.52	.66
ACUPUNCTURE	5	9	167.60	18.62	.003	33.52	.06
ADULT DAY HEALTH CARE CTR	8	143	9,949.94	69.58	.047	1243.74	3.28
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	7	15	1,808.15	120.54	.005	258.31	.60
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	54	123	1,239.56	10.08	.041	22.95	.41
PHYSICAL THERAPIST	1	26	331.16	12.74	.009	331.16	.11
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	15	1,967.37	131.16	.005	655.79	.65
PROSTHETICS	3	15	1,967.37	131.16	.005	655.79	.65
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	14	41	4,114.18	100.35	.014	293.87	1.36
HOSPICE SERVICES	8	319	38,041.18	119.25	.105	4755.15	12.54
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	81	810	7,560.24	9.33	.267	93.34	2.49
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	107	8,568	4,969.18	.58	2.824	46.44	1.64
@CALIF. CHILDREN SERVICES*	39	1,622	\$ 13,824.04	\$ 8.52	.535	\$ 354.46	\$ 4.56
@XOVER EXCLUDING STATE HOSP**	388	3,614	\$ 75,265.96	\$ 20.83	1.191	\$ 193.98	\$ 24.81

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 1,273
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

3,568 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,958	55,623	\$ 2,913,856.87	\$ 52.39	15.589	\$ 985.08	\$ 816.66
@PHYSICIANS SERVICES	520	1,652	\$ 46,587.08	\$ 28.20	.463	\$ 89.59	\$ 13.06
OUTPATIENT VISITS	123	161	5,943.69	36.92	.045	48.32	1.67
OFFICE VISITS	94	122	3,904.73	32.01	.034	41.54	1.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	19	23	1,620.43	70.45	.006	85.29	.45
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	12	16	418.53	26.16	.004	34.88	.12
INPATIENT VISITS	32	119	6,393.82	53.73	.033	199.81	1.79
HOSPITAL VISITS	30	108	5,007.68	46.37	.030	166.92	1.40
CRITICAL CARE	1	8	1,303.64	162.96	.002	1303.64	.37
SNF/ICF/TRANS IP CARE	2	3	82.50	27.50	.001	41.25	.02
OPHTHALMOLOGICAL SERVICES	10	14	545.48	38.96	.004	54.55	.15
EXAMINATIONS	10	14	545.48	38.96	.004	54.55	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	17	193	11,610.49	60.16	.054	682.97	3.25
PRINCIPAL SURGEON	14	26	8,579.62	329.99	.007	612.83	2.40
ASSISTANT SURGEON	1	1	374.53	374.53	.000	374.53	.10
ANESTHESIOLOGIST	8	166	2,656.34	16.00	.047	332.04	.74
OUTPATIENT SURGERY	16	24	2,072.78	86.37	.007	129.55	.58
PRINCIPAL SURGEON	15	17	1,911.38	112.43	.005	127.43	.54

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	161.40	23.06	.002	161.40	.05
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	32	931.96	29.12	.009	84.72	.26
RADIOLOGY	108	213	7,514.78	35.28	.060	69.58	2.11
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	17	179.30	10.55	.005	22.41	.05
OTHER SERVICES/ALL X-OVERS	307	879	11,394.78	12.96	.246	37.12	3.19
@PHARMACY	2,103	21,423	\$ 921,046.04	\$ 42.99	6.004	\$ 437.97	\$ 258.14
PRESCRIPTION DRUGS	2,046	9,810	899,983.02	91.74	2.749	439.87	252.24
SNF/ICF	382	3,021	206,413.32	68.33	.847	540.35	57.85
OUTPATIENTS	1,676	6,789	693,569.70	102.16	1.903	413.82	194.39
MEDICAL SUPPLIES	216	11,613	21,063.02	1.81	3.255	97.51	5.90
@DENTIST	109	539	\$ 19,984.30	\$ 37.08	.151	\$ 183.34	\$ 5.60
VISITS - DIAGNOSTIC	78	318	4,171.55	13.12	.089	53.48	1.17
ORAL SURGERY	19	54	2,687.75	49.77	.015	141.46	.75
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.03
PERIODONTICS	6	8	782.00	97.75	.002	130.33	.22
ENDODONTICS	5	11	2,316.00	210.55	.003	463.20	.65
RESTORATIVE DENTISTRY	29	77	4,552.00	59.12	.022	156.97	1.28
PROSTHETICS	3	3	90.00	30.00	.001	30.00	.03
DENTURES, STAYPLATES	15	66	5,285.00	80.08	.018	352.33	1.48
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,274
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 BUTTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----

3,568 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	79	205 \$	4,344.92	\$ 21.19	.057	\$ 55.00	\$ 1.22
DIAGNOSTIC AND ANC. PROCED	33	35	1,477.22	42.21	.010	44.76	.41
EYE APPLIANCES	57	159	2,477.53	15.58	.045	43.47	.69
OTHER OPTOMETRIC SERVICES	10	11	390.17	35.47	.003	39.02	.11
@CHIROPRACTOR	2	2 \$	33.44	\$ 16.72	.001	\$ 16.72	\$.01
VISITS	2	2	33.44	16.72	.001	16.72	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	28	64 \$	406.12	\$ 6.35	.018	\$ 14.50	\$.11
MEDICINE/INJECTIONS	2	2	50.18	25.09	.001	25.09	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.001	34.60	.01
OTHER	26	60	321.34	5.36	.017	12.36	.09
@HOME HEALTH AGENCY	6	31 \$	1,660.99	\$ 53.58	.009	\$ 276.83	\$.47
NURSE ANESTHESIST	3	28 \$	259.36	\$ 9.26	.008	\$ 86.45	\$.07
NURSE MIDWIFE	1	3 \$	184.20	\$ 61.40	.001	\$ 184.20	\$.05
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	4 \$	57.28	\$ 14.32	.001	\$ 19.09	\$.02
@TOTAL HOSPITAL	466	2,457 \$	353,932.43	\$ 144.05	.689	\$ 759.51	\$ 99.20
HOSP INPATIENT TOTAL	43	113	275,149.41	2434.95	.032	6398.82	77.12
HSC HOSPITALS	3	42	66,819.00	1590.93	.012	22273.00	18.73
NON-HSC HOSPITAL TOTAL	13	71	173,537.03	2444.18	.020	13349.00	48.64
ACCOMMODATIONS	13	71	43,690.33	615.36	.020	3360.79	12.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	71	43,690.33	615.36	.020	3360.79	12.25
ANCILLARIES	13	0	129,846.70	.00	.000	9988.21	36.39
INPATIENT CROSSOVERS	27	0	34,793.38	.00	.000	1288.64	9.75
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	448	2,344	78,783.02	33.61	.657	175.85	22.08
MEDICAL	101	190	7,755.05	40.82	.053	76.78	2.17
SURGERY	17	24	702.22	29.26	.007	41.31	.20
PATHOLOGY	114	533	5,388.09	10.11	.149	47.26	1.51
RADIOLOGY	74	124	11,747.97	94.74	.035	158.76	3.29
ROOM USE	101	155	5,892.04	38.01	.043	58.34	1.65
CROSSOVERS/ALL OTH OUTPTNT	285	1,318	47,297.65	35.89	.369	165.96	13.26
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

3,568 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	466	2,457	\$ 353,932.43	\$ 144.05	.689	\$ 759.51	\$ 99.20
COMM HOSP INPATIENT TOTAL	43	113	275,149.41	2434.95	.032	6398.82	77.12
HSC HOSPITALS	3	42	66,819.00	1590.93	.012	22273.00	18.73
NON-HSC HOSPITALS TOTAL	13	71	173,537.03	2444.18	.020	13349.00	48.64
ACCOMMODATIONS	13	71	43,690.33	615.36	.020	3360.79	12.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	71	43,690.33	615.36	.020	3360.79	12.25
ANCILLARIES	13	0	129,846.70	.00	.000	9988.21	36.39
INPATIENT CROSSOVERS	27	0	34,793.38	.00	.000	1288.64	9.75
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	448	2,344	78,783.02	33.61	.657	175.85	22.08
MEDICAL	101	190	7,755.05	40.82	.053	76.78	2.17
SURGERY	17	24	702.22	29.26	.007	41.31	.20
PATHOLOGY	114	533	5,388.09	10.11	.149	47.26	1.51
RADIOLOGY	74	124	11,747.97	94.74	.035	158.76	3.29
ROOM USE	101	155	5,892.04	38.01	.043	58.34	1.65
CROSSOVERS/ALL OTH OUTPTNT	285	1,318	47,297.65	35.89	.369	165.96	13.26
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	355	9,500	\$ 1,200,683.82	\$ 126.39	2.663	\$ 3382.21	\$ 336.51
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	355	9,500	1,200,683.82	126.39	2.663	3382.21	336.51
@INTERMEDIATE CARE FACIL.-DD	30	897	\$ 160,724.08	\$ 179.18	.251	\$ 5357.47	\$ 45.05
ICF DDH	24	748	127,944.04	171.05	.210	5331.00	35.86
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	6	149	32,780.04	220.00	.042	5463.34	9.19
@HEMODIALYSIS TOTAL	15	24	\$ 7,169.80	\$ 298.74	.007	\$ 477.99	\$ 2.01
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	24	7,169.80	298.74	.007	477.99	2.01
@REHABILITATION FACILITY	19	189	\$ 3,260.89	\$ 17.25	.053	\$ 171.63	\$.91
HOSPITAL BASED	3	10	264.83	26.48	.003	88.28	.07
INDEPENDENT FACILITY	16	179	2,996.06	16.74	.050	187.25	.84
@LABORATORY FACILITY	54	235	\$ 3,850.30	\$ 16.38	.066	\$ 71.30	\$ 1.08
PATHOLOGY	54	235	3,850.30	16.38	.066	71.30	1.08
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	483	767	\$ 69,994.75	\$ 91.26	.215	\$ 144.92	\$ 19.62
CLINIC	10	17	2,627.75	154.57	.005	262.78	.74
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	18	213.11	11.84	.005	213.11	.06
RURAL HEALTH CLINIC	474	732	67,153.89	91.74	.205	141.67	18.82
#CALIF DEPT OF HEALTH SERV							
MOP024							
BUTTE COUNTY							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	490	17,603	\$	119,677.07	\$ 6.80	4.934	\$ 244.24	\$ 33.54
DURABLE MED. EQUIP.	36	274		17,720.94	64.67	.077	492.25	4.97
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	19	33		3,075.80	93.21	.009	161.88	.86
MEDICAL TRANSPORTATION	126	3,288		22,008.95	6.69	.922	174.67	6.17
AMBULANCES/AIR TRANS	40	375		6,595.17	17.59	.105	164.88	1.85
OTHER TRANS	85	2,900		13,400.96	4.62	.813	157.66	3.76
OTHER SERVICES	8	13		2,012.82	154.83	.004	251.60	.56
ACUPUNCTURE	5	9		167.60	18.62	.003	33.52	.05
ADULT DAY HEALTH CARE CTR	11	204		14,194.32	69.58	.057	1290.39	3.98
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	8	31		2,278.71	73.51	.009	284.84	.64
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	63	144		1,485.57	10.32	.040	23.58	.42
PHYSICAL THERAPIST	1	26		331.16	12.74	.007	331.16	.09
PORTABLE X-RAY	3	4		1.98	.50	.001	.66	.00
PROSTHETIST/ORTHOTISTS	3	15		1,967.37	131.16	.004	655.79	.55
PROSTHETICS	3	15		1,967.37	131.16	.004	655.79	.55
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	14	41		4,114.18	100.35	.011	293.87	1.15
HOSPICE SERVICES	8	319		38,041.18	119.25	.089	4755.15	10.66
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	83	818		7,710.08	9.43	.229	92.89	2.16
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	149	12,397		6,579.23	.53	3.474	44.16	1.84
@CALIF. CHILDREN SERVICES*	39	1,622	\$	13,824.04	\$ 8.52	.455	\$ 354.46	\$ 3.87
@XOVER EXCLUDING STATE HOSP**	602	6,621	\$	126,576.32	\$ 19.12	1.856	\$ 210.26	\$ 35.48

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,277
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	551,283 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	348,996		4,538,203	\$ 202,402,358.72	\$ 44.60	8.232	\$ 579.96	\$ 367.15
@PHYSICIANS SERVICES	73,584		225,985	\$ 8,901,990.81	\$ 39.39	.410	\$ 120.98	\$ 16.15
OUTPATIENT VISITS	28,537		36,686	1,589,443.26	43.33	.067	55.70	2.88
OFFICE VISITS	20,974		26,239	918,408.45	35.00	.048	43.79	1.67
HOME VISITS	27		36	1,849.00	51.36	.000	68.48	.00
EMERGENCY ROOM	5,699		6,752	392,987.77	58.20	.012	68.96	.71
PREVENTIVE CARE	43		45	1,853.97	41.20	.000	43.12	.00
OB VISITS/COMPRI PERI	1,596		2,409	236,357.03	98.11	.004	148.09	.43
OTHER OUTPATIENT	1,074		1,205	37,987.04	31.52	.002	35.37	.07
INPATIENT VISITS	5,187		21,063	1,063,601.68	50.50	.038	205.05	1.93
HOSPITAL VISITS	4,709		18,407	751,873.28	40.85	.033	159.67	1.36
CRITICAL CARE	452		2,046	294,642.56	144.01	.004	651.86	.53
SNF/ICF/TRANS IP CARE	372		610	17,085.84	28.01	.001	45.93	.03
OPHTHALMOLOGICAL SERVICES	2,206		2,489	103,104.21	41.42	.005	46.74	.19
EXAMINATIONS	2,197		2,480	102,915.98	41.50	.004	46.84	.19
SERVICES AND MATERIALS	9		9	188.23	20.91	.000	20.91	.00

INPATIENT HOSPITAL SURGERY	3,542	19,522		2,051,719.34	105.10	.035	579.25	3.72
PRINCIPAL SURGEON	2,629	3,962		1,720,607.47	434.28	.007	654.47	3.12
ASSISTANT SURGEON	413	418		75,617.54	180.90	.001	183.09	.14
ANESTHESIOLOGIST	1,106	15,142		255,494.33	16.87	.027	231.01	.46
OUTPATIENT SURGERY	5,444	17,642		1,153,918.57	65.41	.032	211.96	2.09
PRINCIPAL SURGEON	4,511	5,986		952,923.84	159.19	.011	211.24	1.73
ASSISTANT SURGEON	65	65		6,252.56	96.19	.000	96.19	.01
ANESTHESIOLOGIST	1,219	11,591		194,742.17	16.80	.021	159.76	.35
DIALYSIS	163	478		46,745.52	97.79	.001	286.78	.08
PATHOLOGY	3,373	6,564		171,999.34	26.20	.012	50.99	.31
RADIOLOGY	24,666	42,519		1,297,318.39	30.51	.077	52.60	2.35
PSYCHIATRY	19	24		1,253.45	52.23	.000	65.97	.00
IMMUNIZATION AND INJECTION	1,016	15,364		238,565.76	15.53	.028	234.81	.43
OTHER SERVICES/ALL X-OVERS	22,676	63,634		1,184,321.29	18.61	.115	52.23	2.15
@PHARMACY	217,694	1,855,813	\$	73,874,777.24	\$ 39.81	3.366	\$ 339.35	\$ 134.01
PRESCRIPTION DRUGS	214,924	861,588		71,359,344.77	82.82	1.563	332.02	129.44
SNF/ICF	8,951	70,204		4,292,905.78	61.15	.127	479.60	7.79
OUTPATIENTS	206,279	791,384		67,066,438.99	84.75	1.436	325.12	121.66
MEDICAL SUPPLIES	17,733	994,225		2,515,432.47	2.53	1.803	141.85	4.56
@DENTIST	20,622	100,672	\$	3,595,250.14	\$ 35.71	.183	\$ 174.34	\$ 6.52
VISITS - DIAGNOSTIC	14,751	64,015		928,235.52	14.50	.116	62.93	1.68
ORAL SURGERY	2,996	7,353		420,263.91	57.16	.013	140.28	.76
DRUGS	416	464		10,701.80	23.06	.001	25.73	.02
ANESTHESIA	122	126		10,485.00	83.21	.000	85.94	.02
PERIODONTICS	695	745		78,081.00	104.81	.001	112.35	.14
ENDODONTICS	1,672	2,706		493,097.50	182.22	.005	294.91	.89
RESTORATIVE DENTISTRY	6,620	19,914		1,120,170.50	56.25	.036	169.21	2.03
PROSTHETICS	87	88		2,578.50	29.30	.000	29.64	.00
DENTURES, STAYPLATES	1,006	2,866		361,176.54	126.02	.005	359.02	.66
SPACE MAINTAINERS	123	156		16,531.90	105.97	.000	134.41	.03
MAXILLOFACIAL SERVICES	46	78		21,914.93	280.96	.000	476.41	.04
FRACTURES, DISLOCATIONS	5	9		6,293.04	699.23	.000	1258.61	.01
ORTHODONTIC SERVICES	1,231	1,611		117,798.75	73.12	.003	95.69	.21
ALL OTHER SERVICES	433	541		7,921.25	14.64	.001	18.29	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 1,278
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
BUTTE COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED							

551,283 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	9,293			24,594	\$	525,793.56	\$	21.38		.045		\$ 56.58	\$	.95	
DIAGNOSTIC AND ANC. PROCED	4,944			5,215		218,391.99		41.88		.009		44.17		.40	
EYE APPLIANCES	6,691			18,483		288,773.35		15.62		.034		43.16		.52	
OTHER OPTOMETRIC SERVICES	700			896		18,628.22		20.79		.002		26.61		.03	
@CHIROPRACTOR	923			1,601	\$	25,965.53	\$	16.22		.003		28.13	\$	.05	
VISITS	883			1,552		25,330.80		16.32		.003		28.69		.05	
OTHER SERVICES	40			49		634.73		12.95		.000		15.87		.00	
@PODIATRIST	2,285			3,844	\$	47,566.60	\$	12.37		.007		20.82	\$	.09	
MEDICINE/INJECTIONS	540			635		17,223.71		27.12		.001		31.90		.03	
SURGERY/ANES.	17			27		1,293.65		47.91		.000		76.10		.00	
RADIO./PATHOLOGY	60			75		1,347.65		17.97		.000		22.46		.00	
OTHER	1,730			3,107		27,701.59		8.92		.006		16.01		.05	
@HOME HEALTH AGENCY	1,544			54,908	\$	1,778,999.43	\$	32.40		.100		1152.20	\$	3.23	
NURSE ANESTHESIST	719			8,268	\$	88,007.87	\$	10.64		.015		122.40	\$	.16	
NURSE MIDWIFE	3,584			24,303	\$	638,587.51	\$	26.28		.044		178.18	\$	1.16	
PEDIATRIC NURSE PRACTITIONER	4			5	\$	157.60	\$	31.52		.000		39.40	\$	.00	

FAMILY NURSE PRACTITIONER	1,135	2,410	\$	39,499.46	\$	16.39	.004	\$	34.80	\$	.07
@TOTAL HOSPITAL	89,764	391,571	\$	52,504,679.11	\$	134.09	.710	\$	584.92	\$	95.24
HOSP INPATIENT TOTAL	6,373	23,711		41,238,231.85		1739.20	.043		6470.77		74.80
HSC HOSPITALS	502	3,904		5,613,506.76		1437.89	.007		11182.28		10.18
NON-HSC HOSPITAL TOTAL	4,471	19,807		34,382,591.19		1735.88	.036		7690.13		62.37
ACCOMMODATIONS	4,464	19,807		11,120,628.97		561.45	.036		2491.18		20.17
ADMINISTRATIVE DAYS	5	30		6,061.84		202.06	.000		1212.37		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4,459	19,777		11,114,567.13		561.99	.036		2492.61		20.16
ANCILLARIES	4,471	0		23,261,962.22		.00	.000		5202.85		42.20
INPATIENT CROSSOVERS	1,451	0		1,242,133.90		.00	.000		856.05		2.25
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	87,217	367,860		11,266,447.26		30.63	.667		129.18		20.44
MEDICAL	40,979	65,217		3,075,092.96		47.15	.118		75.04		5.58
SURGERY	5,328	6,457		340,853.36		52.79	.012		63.97		.62
PATHOLOGY	28,498	107,127		1,419,949.41		13.25	.194		49.83		2.58
RADIOLOGY	18,145	26,242		1,832,344.87		69.82	.048		100.98		3.32
ROOM USE	46,052	65,467		2,512,795.12		38.38	.119		54.56		4.56
CROSSOVERS/ALL OTH OUTPTNT	33,659	97,350		2,085,411.54		21.42	.177		61.96		3.78
@COUNTY HOSPITAL TOTAL	138	706	\$	188,081.75	\$	266.40	.001	\$	1362.91	\$	.34
CO HOSPITAL INPATIENT TOTAL	17	122		170,299.91		1395.90	.000		10017.64		.31
HSC HOSPITALS	14	112		141,466.03		1263.09	.000		10104.72		.26
NON-HSC HOSPITALS TOTAL	2	10		27,993.88		2799.39	.000		13996.94		.05
ACCOMMODATIONS	2	10		11,096.00		1109.60	.000		5548.00		.02
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	10		11,096.00		1109.60	.000		5548.00		.02
ANCILLARIES	2	0		16,897.88		.00	.000		8448.94		.03
INPATIENT CROSSOVERS	1	0		840.00		.00	.000		840.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	123	584		17,781.84		30.45	.001		144.57		.03
MEDICAL	40	48		2,117.51		44.11	.000		52.94		.00

SURGERY	19	31	1,053.97	34.00	.000	55.47	.00
PATHOLOGY	40	185	2,945.03	15.92	.000	73.63	.01
RADIOLOGY	21	35	2,908.30	83.09	.000	138.49	.01
ROOM USE	80	117	5,766.95	49.29	.000	72.09	.01
CROSSOVERS/ALL OTH OUTPTNT	63	168	2,990.08	17.80	.000	47.46	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,279
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
BUTTE COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

				----- MONTHLY AVERAGE -----			
551,283 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	89,651	390,865	\$ 52,316,597.36	\$ 133.85	.709	\$ 583.56	\$ 94.90
COMM HOSP INPATIENT TOTAL	6,357	23,589	41,067,931.94	1740.98	.043	6460.27	74.50
HSC HOSPITALS	488	3,792	5,472,040.73	1443.05	.007	11213.20	9.93
NON-HSC HOSPITALS TOTAL	4,469	19,797	34,354,597.31	1735.34	.036	7687.31	62.32
ACCOMMODATIONS	4,462	19,797	11,109,532.97	561.17	.036	2489.81	20.15
ADMINISTRATIVE DAYS	5	30	6,061.84	202.06	.000	1212.37	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4,457	19,767	11,103,471.13	561.72	.036	2491.24	20.14
ANCILLARIES	4,469	0	23,245,064.34	.00	.000	5201.40	42.17
INPATIENT CROSSOVERS	1,450	0	1,241,293.90	.00	.000	856.06	2.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	87,117	367,276	11,248,665.42	30.63	.666	129.12	20.40
MEDICAL	40,942	65,169	3,072,975.45	47.15	.118	75.06	5.57
SURGERY	5,309	6,426	339,799.39	52.88	.012	64.00	.62
PATHOLOGY	28,461	106,942	1,417,004.38	13.25	.194	49.79	2.57
RADIOLOGY	18,126	26,207	1,829,436.57	69.81	.048	100.93	3.32
ROOM USE	45,981	65,350	2,507,028.17	38.36	.119	54.52	4.55
CROSSOVERS/ALL OTH OUTPTNT	33,606	97,182	2,082,421.46	21.43	.176	61.97	3.78
@STATE HOSPITAL	2	45	\$ 24,578.27	\$ 546.18	.000	\$ 12289.14	\$.04
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	2	45	24,578.27	546.18	.000	12289.14	.04
@NURSING FACILITY	8,983	260,276	\$ 28,477,035.27	\$ 109.41	.472	\$ 3170.10	\$ 51.66
LEV A-INTERMEDIATE	4	163	12,729.58	78.10	.000	3182.40	.02
LEV B-REHAB MD	17	619	73,669.08	119.01	.001	4333.48	.13
LEV B-SUBACUTE FREESTANDING	49	1,548	552,827.08	357.12	.003	11282.19	1.00
LEV B-SUBACUTE HSPTL BASED	23	731	413,973.75	566.31	.001	17998.86	.75
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	8,891	257,215	27,423,835.78	106.62	.467	3084.45	49.75
@INTERMEDIATE CARE FACIL.-DD	649	19,346	\$ 3,510,282.53	\$ 181.45	.035	\$ 5408.76	\$ 6.37
ICF DDH	324	9,721	1,559,457.52	160.42	.018	4813.14	2.83
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	326	9,625	1,950,825.01	202.68	.017	5984.13	3.54
@HEMODIALYSIS TOTAL	832	14,026	\$ 829,231.29	\$ 59.12	.025	\$ 996.67	\$ 1.50
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	832	14,026	829,231.29	59.12	.025	996.67	1.50
@REHABILITATION FACILITY	1,269	14,129	\$ 280,723.09	\$ 19.87	.026	\$ 221.22	\$.51
HOSPITAL BASED	860	5,717	145,363.86	25.43	.010	169.03	.26
INDEPENDENT FACILITY	409	8,412	135,359.23	16.09	.015	330.95	.25
@LABORATORY FACILITY	16,230	54,038	\$ 881,304.55	\$ 16.31	.098	\$ 54.30	\$ 1.60
PATHOLOGY	16,131	53,819	877,123.26	16.30	.098	54.38	1.59
XO AND OTHERS	104	219	4,181.29	19.09	.000	40.20	.01
@ORGANIZED OUTPATIENT CLINIC	103,224	179,992	\$ 18,477,253.33	\$ 102.66	.326	\$ 179.00	\$ 33.52
CLINIC	5,252	16,147	785,864.51	48.67	.029	149.63	1.43
SURGICENTER	509	3,016	116,230.20	38.54	.005	228.35	.21
HEROIN DETOX CLINIC	21	338	4,017.76	11.89	.001	191.32	.01

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 BUTTE COUNTY

98,661 160,491 17,571,140.86 109.48 .291 178.10 31.87
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 1,280
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR TOTAL CERTIFIED 03/14/05

----- MONTHLY AVERAGE -----							
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
551,283 ELIGIBLES							
@ALL OTHER PROVIDERS	49,884	1,302,377	\$ 7,900,675.53	\$ 6.07	2.362	\$ 158.38	\$ 14.33
DURABLE MED. EQUIP.	2,877	9,907	1,037,760.36	104.75	.018	360.71	1.88
BLOOD BANK	25	17,591	52,773.00	3.00	.032	2110.92	.10
HEARING AID DISPENSERS	1,259	2,390	191,116.60	79.97	.004	151.80	.35
MEDICAL TRANSPORTATION	8,256	251,948	1,767,084.73	7.01	.457	214.04	3.21
AMBULANCES/AIR TRANS	5,001	51,078	834,333.04	16.33	.093	166.83	1.51
OTHER TRANS	3,284	199,318	720,172.31	3.61	.362	219.30	1.31
OTHER SERVICES	369	1,552	212,579.38	136.97	.003	576.10	.39
ACUPUNCTURE	340	629	11,115.77	17.67	.001	32.69	.02
ADULT DAY HEALTH CARE CTR	595	7,790	542,357.23	69.62	.014	911.52	.98
GENETIC DISEASE TESTING	610	613	64,341.00	104.96	.001	105.48	.12
IHMC,MODEL-NF,NF,AIDS,MSSP	2,003	42,913	1,701,594.34	39.65	.078	849.52	3.09
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7,530	16,875	169,124.39	10.02	.031	22.46	.31
PHYSICAL THERAPIST	366	3,482	50,889.62	14.62	.006	139.04	.09
PORTABLE X-RAY	60	94	190.59	2.03	.000	3.18	.00
PROSTHETIST/ORTHOTISTS	467	1,146	161,484.53	140.91	.002	345.79	.29
PROSTHETICS	447	1,088	154,690.37	142.18	.002	346.06	.28
ORTHOTICS	20	58	6,794.16	117.14	.000	339.71	.01
PSYCHOLOGIST	82	291	17,942.60	61.66	.001	218.81	.03
SPEECH AND AUDIOLOGY	1,860	5,299	258,647.98	48.81	.010	139.06	.47
HOSPICE SERVICES	201	4,616	524,786.84	113.69	.008	2610.88	.95
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	15,695	77,877	630,381.74	8.09	.141	40.16	1.14
EPSDT SUPPLEMENTAL SERVICE	6	481	14,213.00	29.55	.001	2368.83	.03
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11,328	858,435	704,871.21	.82	1.557	62.22	1.28
@CALIF. CHILDREN SERVICES*	2,853	91,197	\$ 5,677,185.73	\$ 62.25	.165	\$ 1989.90	\$ 10.30
@XOVER EXCLUDING STATE HOSP**	33,189	338,229	\$ 5,118,962.86	\$ 15.13	.614	\$ 154.24	\$ 9.29

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.